FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V37975

(2)

AERIAL & ARCHITECTURAL PHOTO, INC.

FILED	
Apr 27 1998 8:00am	1
Secretary of State	

Principal Place of Business	Mailing Address	A somt dienen autre feite feite gebet Erft erfete fietet einen diefer Bibit eftel
103 CENTURY 21 DR 115 JACKSONVILLE FL 32216 US	103 CENTURY 21 DR 115 Jacksonville Fl. 32216 US	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
		05/20/1992
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For
<u> </u>	26	59-3127602 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5, Certificate of Status Desired S8.75 Additional Fee Required
City & State	City & State	B. Election Campaign Financing Trust Fund Contribution Added to Fees
Zip Country 25	Zip Coi	atry 8, This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No
g, Name and Address of Ci	urrent Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, GORDON		B1 Name Johnson, Gordon
* 8812 LINFORD LANE J <u>acksonville FL 82217</u>	ADDRESS Change only	Street Address (P.O. Box Number is Not Acceptable) 1650-2 BEACH AVE
		83
		BY City ATLANTIC BEACH, FL 85 ZID Code 32233
office or registered agent, or both, in the	2.0502 and 607.1508, Florida Statutes, the a Batte of Florida Such change was authorize which the of, Section 607.0505, Florida Sta	ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered ites.

GOADON YOUNSON **SIGNATURE** (NOTE Registered Agent signature required when reinstating) OFFICERS A ND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 DILE TOHNSON, GORDON 1650-Z BEACH AVE JOHNSON, GORDON ADDRESS Change only NAME 1.2 NAME 6812 LINFORD LANE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of or an attachment with an artiferes.

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UN Dhusor GORDON JOHNSON

4.20.98 (904)7256968