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

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED Mar 18 1998 8:00am **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** V38616 FLIP-A-PHOTO, INC. Principal Place of Business Mailing Address **8085 GRISSOM PARKWAY 6085 GRISSOM PARKWAY** TITUSVILLE FL 32780 TITUSVILLE FL 32780 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/22/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3125796 Not Applicable Suite, Apt. #, etc Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζıp Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name REDMER, MARTHA A. 6065 GRISSOM PARKWAY Street Address (P.O. Box Number is Not Acceptable) 82 TITUSVILLE FL 32780 83 64 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 3-13-98 Registered Apent Agnature required when reinstaling) SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE REDMER, WILBERT W. 1.2 NAME **6085 GRISSOM PKWY** STREET ADDRESS 1.3 STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELLTE Change Addition VTS TITLE 2.1 10 LE REDMER, MARTHA A NAME 2.2 NAME 6085 GRISSOM PKWY STREET ADDRESS 2.3 STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST - ZIP DELETE Channe Addition 5.1 TITLE TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City-St-ZiP CITY-\$1-ZIP DELETE Change Addition TITLE 6.1 TITLE

> 6.2 NAME **6 3 STREET ADDRESS**

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, or on an attachment with an address.

6 4 CITY-ST-ZIP