

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M75919

**Entity Name:** UNIVERSITY PHOTOGRAPHY, INC.

**Current Principal Place of Business:**

% JAMES H. PARKER  
5030 WATERMELON ROAD  
NORTHPORT, AL 35473

**Current Mailing Address:**

P.O. BOX 2454  
TUSCALOOSA, AL 35403

**FEI Number: 59-2594422**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PARKER, JAMES HII  
619 S. MAIN ST.  
SUITE #G  
GAINESVILLE, FL 32601 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            D  
Name            LIMMROTH, GARY W  
Address        5030 WATERMELON RD  
City-State-Zip: TUSCALOOSA AL NORTH-PORT

Title            D  
Name            PARKER, JAMES HII  
Address        5030 WATERMELON RD  
City-State-Zip: NORTHPORT AL 35473

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES H PARKER II**

**PRESIDENT**

**01/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date