

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000040439 (9)**
1. Corporation Name
HOT SHOTS PHOTOGRAPHY, INC.

APPROVED AND FILED
30 MAY -1 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**123 HAMMOCK RD
ANNA MARIA FL 34216**

Mailing Address
**POB 1337
ANNA MARIA FL 34216**

2. Principal Place of Business
21 **5339 GULF DR**
22 **Holmes Beach**
23 **34217**
24 **Manatee**

2a. Mailing Address
26 **Same**
27
28
29

3. Date Incorporated or Reincorporated
05/25/1994

3a. Date of Last Report

4. FEI Number
65-0496801

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent
**HEIST, H. ANTHONY
1661 ESTERO BLVD
STE 20
FT MYERS BEACH FL 33932**

10. Name and Address of New Registered Agent
81 Name **PATRICIA A. PAYNE**
82 Street Address (P.O. Box Number is Not Acceptable)
123 Hammock Rd.
83
84 City **Anna Maria** FL 85 Zip Code **34216**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 s. 607.1505, Florida Statutes.

SIGNATURE: *Patricia A. Payne* 5/1/95

12. OFFICERS AND DIRECTORS

11a. TITLE	D
11b. NAME	PAYNE, PATRICIA
11c. STREET ADDRESS	123 HAMMOCK RD POB 1337
11d. CITY, ST, ZIP	ANNA MARIA FL 34216
11e. TITLE	
11f. NAME	
11g. STREET ADDRESS	
11h. CITY, ST, ZIP	
11i. TITLE	
11j. NAME	
11k. STREET ADDRESS	
11l. CITY, ST, ZIP	
11m. TITLE	
11n. NAME	
11o. STREET ADDRESS	
11p. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	
12.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	
12.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information submitted on this annual report or biennial 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 file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report, or on an attachment with this filing.

SIGNATURE: *Patricia A. Payne* 5/1/95 (913) 779-1400

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR