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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K10734** **(7)**

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-05/03/95--01175--008
****200.00 ****200.00

1. Corporation Name

~~FLIP MINOTT PHOTOGRAPHICS, INC.~~
MINOTT MOTION PICTURES, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
18469 FLAMINGO FORT MYERS FL 33912	18469 FLAMINGO FORT MYERS FL 33912

3. Date Incorporated or Qualified: 01/05/1988
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business
21: 6803 MAGNOLIA LANE
22: Suite, Apt. #, etc
23: City & State: FORT MYERS, FL
24: Zip: 33912 25: County: USA

2a. Mailing Address
26: 6803 MAGNOLIA LANE
27: Suite, Apt. #, etc
28: City & State: FORT MYERS, FL
29: Zip: 33912 30: County: USA

4. FEI Number: 65-0030543 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MINOTT, FLIP
18469 FLAMINGO
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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.

SIGNATURE: [signature] MINOTT, FLIP April 24, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☐ Change ☒ Addition
NAME	MINOTT, FLIP	12 NAME	MINOTT, PHYLLIS	
STREET ADDRESS	18469 FLAMINGO	13 STREET ADDRESS	6803 MAGNOLIA LANE	
CITY ST ZIP	FORT MYERS FL	14 CITY ST ZIP	FORT MYERS, FL 33912	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MINOTT, ALLEN	22 NAME		
STREET ADDRESS	9417 PINEAPPLE BLVD.	23 STREET ADDRESS		
CITY ST ZIP	FT. MYERS FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] MINOTT, FLIP 4/21/95 813-768-6882
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone Number

0322R97 CP