

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M94850** (8)

1. Corporation Name
VIDEO CITY OF HIGH SPRINGS, INC.



Principal Place of Business: **825 SANTA FE BLVD HIGH SPRINGS FL 32643 US**
Mailing Address: **P.O. BOX 2038 HIGH SPRINGS FL 32643 US**

3. Date Incorporated or Qualified: **08/18/1988**
3a. Date of Last Report: **03/17/1995**

21	22	23	24	25	26	27	28	29	30	4. FEI Number	Applied For
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		7. This corporation has liability for intangible tax under s 199.032, Florida Statutes		59-2946888	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	\$5.00 May Be Added to Fees
City & State		City & State									
Zip		Country		Zip		Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MACKINNON, GEORGE E. 310 S.W. 5TH ST HIGH SPRINGS FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKINNON, GEORGE E.	1.2 NAME	
STREET ADDRESS	310 N.W. 5TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPGS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKINNON, CYNTHIA L.	2.2 NAME	
STREET ADDRESS	310 N.W. 5TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPGS FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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: *Cynthia L. Mackinnon* DATE: *4/23/96* DAYTIME PHONE: *454-2072*

CR2E034 (12/95)