

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000038752 (9)

1. Corporation Name
TOMPKINS PRODUCTIONS, INC.



Principal Place of Business: 88 NELKIN RD COLCHESTER CT 06415
Mailing Address: 88 NELKIN RD COLCHESTER CT 06415

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report: 07/14/1995
4. FEI Number: 06-1404561
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent: MATTHIES, ERIC F, 21 N MAGNOLIA AVE, Ocala FL 34475
10. Name and Address of New Registered Agent: 81 Name: WILLIAM B TOMPKINS, 82 Street Address (P.O. Box Number is Not Acceptable): 4964 NW 152ND LANE, 83 City: REDDICK, FL 84 Zip Code: 32686

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: *William B Tompkins* (Signature, typed or printed name of registered agent and title, if applicable) WILLIAM B TOMPKINS (Typed name of registered agent) 4/24/96 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	TOMPKINS, WILLIAM B	1.1 TITLE:	
NAME:	88 NELKIN RD	1.2 NAME:	
STREET ADDRESS:	COLCHESTER CT 06415	1.3 STREET ADDRESS:	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: VP	TOMPKINS, JEANNETTE	2.1 TITLE:	
NAME:	88 NELKIN RD	2.2 NAME:	
STREET ADDRESS:	COLCHESTER CT 06415	2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: S	TOMPKINS, WILLIAM B	3.1 TITLE:	
NAME:	88 NELKIN RD	3.2 NAME:	
STREET ADDRESS:	COLCHESTER CT 06415	3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: T	TOMPKINS, JEANNETTE	4.1 TITLE:	
NAME:	88 NELKIN RD	4.2 NAME:	
STREET ADDRESS:	COLCHESTER CT 06415	4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:		5.1 TITLE:	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
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: *William B Tompkins* WILLIAM B TOMPKINS 4/24/96 860-537-2403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)