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

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 8:59

DOCUMENT # 228571 (6)

1. Corporation Name
JACKSONVILLE FILM SERVICE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2208 WEST 21ST ST<br>JACKSONVILLE FL 32209 | 2208 WEST 21ST ST<br>JACKSONVILLE FL 32209 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/01/1959
3a. Date of Last Report: 01/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-0874360 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BENTON, BERT D JR.,
2327 LA MESA DR
JACKSONVILLE FL 32217

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | | ☐ Change ☒ Addition |
| NAME | BENTON,BERT. D.JR., | 12 NAME | | |
| STREET ADDRESS | 2327 LA MESA DR. | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 14 CITY-ST-ZIP | 32217 | |
| TITLE | VD | 21 TITLE | | ☒ Change ☐ Addition |
| NAME | BENTON, PATRICK F | 22 NAME | | |
| STREET ADDRESS | 212 ISLAND HARBOR CIRCLE | 23 STREET ADDRESS | 3644 Windsong Place | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL | 24 CITY-ST-ZIP | Jacksonville, FL | 32277 |
| TITLE | STD | 31 TITLE | | ☐ Change ☒ Addition |
| NAME | BENTON, MARY F | 32 NAME | | |
| STREET ADDRESS | 2327 LA MESA DRIVE | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 34 CITY-ST-ZIP | 32217 | |
| 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 added on an attachment with an address.

SIGNATURE: [signature] 2/16/95 904-355-5447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406021 FP