## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 286304

(1)

**RED WING RECORDS INC** 

SIGNATURE:

Jun 05 1997 8:00am
Secretary of State

4/28/97

904-478-4585

Principal Place of Business Mailing Address					S MANDA MANDAL MANDAL MANDAL MANDAL AND L
% AMOS E. BF 9700 CAMBERY PENSACOLA F	VELL RD.	% AMOS E. BRANNON 9700 CAMBERWELL RD. PENSACOLA FL 32514-771	19		
				3. Date Incorporated or Qualified 10/21/1964	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# 010	Suite, Apt. #, etc.		59-2150023	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
	9. Name and Address of Curren			10. Name and Address of New Re	
° 8383	IS, DON D. B OLD PALAFOX HWY. SACOLA FL 32514		2201	iress (P.O. Box Number is Not Accepta	
•			83 Pens 84 City	scalo H.	# 5 Zip Code
			(Y)	enserly the	FL   الْهُوْرُورُورُورُورُورُورُورُورُورُورُورُورُور
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	les, the above-named corp	poration submits this statement for the	purpose of changing its registered
agent. I a	m <b>fa</b> miliar with, and accept the obliga	ations of Section 607.0505, Fi	orida Statutes.	tion's board of directors. I hereby acce	pi the appointment as registered
SIGNATURE	Day Davis				·
	Signature, typed or printed name of registered age		E: Registered Agent signature requ		DATE
12.	OFFICERS ANI	DELETE	13. 11 HILE	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change
NAME	BRANNON, AMOS E.		12 NAME		Li Orlange Li ribolitor
STREET ADDRESS	9700 CAMBERWELL ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL				
TITLE	V	DELETE	21 TITLE 1	Dee DAVIS 220N SCANIE PRIBREOLD, FI, 3	Change
NAME	DAVIS, DON D.	•	2 2 NAME	DEE 04113	
STREET ADDRESS	8383 OLD PALAFOX HWY.		2.3 STREET ADDRESS	220N SCRNIE	HIWAY, ES
CITY-ST-ZIP	PENSACOLA FL		2. 4 CITY - ST- ZIP	ensacola Fl. 3	32503 PPT-
TITLE	8	DELETE	3.1 TITLE	71 7	Change Addition
NAME	BRANNON, MILDRED L.		3.2 NAME		•
STREET ADDRESS	9700 CAMBERWELL RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY-ST-ZIP		
TITLE		LJ DELETE	4.1 TITLE		L_ Change L_ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$T-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
NAME			5.1 TITLE		ET OHRHRE ET WORKEN
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CI1Y-S1-ZIP		
14. 1 do heret	by certify that the information supplied	t with this filing does not quali	fy for the exemption state	d in Section 119.07(3)(i), Florida Statute	es. I further certify that the
informatio I am an oi appears i	n <b>ind</b> icated on this annual report or s ficer or director of the corporation or n <b>Blo</b> ck 12 or Block 13 if changed, or	upplemental annual report is t the receiver or trustee empow on an attachment with an add	true and accurate and tha vered to execute this repo dress.	t my signature shall have the same lega ort as required by Chapter 607, Florida S	al effect as if made under oath; tha Statutes; and that my name