

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 # **850919**

(2)

1. Corporation Name

COLLINS ENTERTAINMENT CORP.



Principal Place of Business

Mailing Address

**1341 RUTHERFORD ROAD
GREENVILLE SC 29609**

**1341 RUTHERFORD ROAD
GREENVILLE SC 29609**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/04/1981

3a. Date of Last Report

02/28/1995

4. FEI Number

57-0470798

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
Tommy L. Queen

82 Street Address (P.O. Box Number is Not Acceptable)
1024 Edison Ave.

83

84 City
Jacksonville

FL 85 Zip Code
32204

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

Tommy L. Queen

1-26-96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**P
PHILLIPS, JOSEPH C.
1341 RUTHERFORD ROAD
GREENVILLE SC**

☒ DELETE

**CEO
COLLINS, FRED JR.
1341 RUTHERFORD ROAD
GREENVILLE SC**

☐ DELETE

**TS
SAAD, JERRY T.
1341 RUTHERFORD ROAD
GREENVILLE SC**

☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

ATS

CFO

1-26-96

864-268-1114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)