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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F84350** **(0)**

1. Corporation Name

PACINDI PRODUCTIONS,

Principal Place of Business	Mailing Address
7900 BAYMEADOWS CIRCLE #57 P.O.BOX 23012 JAX. FL 32214 JACKSONVILLE FL 32216	P.O. BOX 23012 JACKSONVILLE FL 32241 US

2. Principal Place of Business	2a. Mailing Address
21 10010 Belle Rive Blvd	26
Suite, Apt. #, etc. 22 # 1303	Suite, Apt. #, etc. 27
City & State 23 Jacksonville Fl	City & State 28
Zip 24 32256 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: **06/07/1982**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2195430** ☐ 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

9. Name and Address of Current Registered Agent

BOUTON, PATRICIA L
7900 BAYMEADOWS CIRCLE #57
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: Bouton, Patricia L.
82 Street Address (P.O. Box Number is Not Acceptable): 10010 Belle Rive Blvd
83 #1303
84 City: Jacksonville **FL** 85 Zip Code: 32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	11 TITLE	☑ Change	☐ Addition
NAME	BOUTON, PATRICIA L		12 NAME		
STREET ADDRESS	7900 BAYMEADOWS CIR 57		13 STREET ADDRESS	10010 Belle Rive Blvd #1303	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		14 CITY-ST-ZIP	Jacksonville Fl 32256	
TITLE	VS	☐ DELETE	21 TITLE	☑ Change	☐ Addition
NAME	BOUTON, PATRICIA L		22 NAME		
STREET ADDRESS	7900 BAYMEADOWS CIR 57		23 STREET ADDRESS	10010 Belle Rive Blvd #1303	
CITY-ST-ZIP	JACKSONVILLE, FL 0		24 CITY-ST-ZIP	Jacksonville Fl 32256	
TITLE		☐ DELETE	31 TITLE	☐ Change	☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE	☐ Change	☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	☐ Change	☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	☐ Change	☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: Pat Bouton Patricia L. (Pat) Bouter 5/1/96 (904)737-1286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number