

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90247 003 \*\*\*158.75

DOCUMENT # **F94000003012**

1. Corporation Name  
**VIVID IMAGE PROMOTIONS, INC.**

Principal Place of Business

Mailing Address

3205 EAST OLIVE RD  
#61  
PENSACOLA FL 32514

3205 EAST OLIVE RD  
#61  
PENSACOLA FL 32514



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/08/1994**

4. FEI Number

**63-1119876**

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 **2825 LOGAN DRIVE**

26 **P.O. Box 15247**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **PENSACOLA FL**

27 City & State

28 **PENSACOLA FL**

24 Zip

Country

25 **32503 USA**

29 Zip

Country

30 **32514-0247 USA**

9. Name and Address of Current Registered Agent

**MOESTA, DOUG**  
**3575 ROTHCHILD DR**  
**PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81 Name

**DOUG MOESTA**

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

**2825 LOGAN DRIVE**

83

84 City

**PENSACOLA**

**FL**

85 Zip Code

**32503**

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

**Doug Moesta**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-20-99**

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **PRATT, JOHN D**  
STREET ADDRESS **3205 EAST OLIVE RD., #61**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **V** ☐ DELETE

NAME **PRATT, BENNY**  
STREET ADDRESS **3205 EAST OLIVE RD., #61**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **ST** ☐ DELETE

NAME **PRATT, PHILIP**  
STREET ADDRESS **3205 EAST OLIVE RD., #61**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

**John D. Pratt**

**4-20-99 334-473-846**

CR2E034 (11/98)