PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

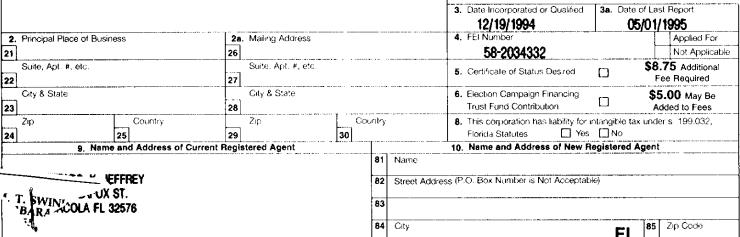
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BABS PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

632 SILVER SHORE DR. PENSACOLA FL 32507 632 SILVER SHORE DR. PENSACOLA FL 32507



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 Statutes are statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes are statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes.

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIŤLÉ	Р	☐ DELETE	1. 1 TIT∟€	Change Addition
NAME	SWINEHART, BARBARA B		1.2 NAME	
STREET ADDRESS	632 SILVER SHORE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507		1.4 CITY - ST - ZIP	
TITLE	ST	☐ DEFELF	2 1 TITLE	Change Acdition
NAME	SWINEHART, MICHAEL T		2.2 NAME	
STREET ADDRESS	632 SILVER SHORE DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507		2 4 CHY-S1-ZIP	
TITLE		☐ DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREE1 ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		<u></u>	3.4.C+TY+ST+Z+P	A PANEL CONTRACTOR OF THE PAREL CONTRACTOR OF THE PARE
TITLE		DETELE	4 1 71TLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STHEFF ADORESS	
DITY-ST-ZIP			4.4 CITY - \$1 - 71P	
TITLE		DELETE	5 ' TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6 1 1111.6	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY, ST. 7IP			6.4 City - \$1 - 7(P	

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 armusil 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 reserver or husten empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 6, or on agratuationent with an address.

SIGNATURE:

BALLANDA SWINETHART

131 per (804) 452-1836

CR2E034 (12/95)