

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**95 APR 26 AM 10:14**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G07397 (4)**  
 1. Corporation Name  
**ATLANTIC SOUTHERN PRODUCTIONS, INC.**

Principal Place of Business <b>8963 SILKWOOD CT SARASOTA FL 34236</b>	Mailing Address <b>8963 SILKWOOD CT SARASOTA FL 34236</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified <b>11/05/1982</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2244677</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MULLINS, WILLIAM J., JR.  
6500 GATEWAY AVE.  
SARASOTA FL 33581**

10. Name and Address of New Registered Agent  
 Name  
**STANLEY E. MARABLE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**677 N. WASHINGTON BLVD**  
 Suite  
**Suite 2**  
 City  
**SARASOTA FL**  Zip Code  
**34230**

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 Stanley E. Marable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PVD</b>
NAME	<b>WINDER, WILLIAM RAY, JR.</b>
STREET ADDRESS	<b>863 SILKWOOD CT</b>
CITY - ST - ZIP	<b>SARASOTA, FL 00000</b>
TITLE	<b>S</b>
NAME	<b>PARKER, DIANE A'DELL</b>
STREET ADDRESS	<b>27-A BRENTSHIRE SQ.</b>
CITY - ST - ZIP	<b>JACKSON TN</b>
TITLE	<b>DT</b>
NAME	<b>WINDER, WILLIAM RAY, III</b>
STREET ADDRESS	<b>8963 SILKWOOD CT</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 and is signed or on an attachment with an address.

SIGNATURE: William Ray Winder Jr. 4.17.95 1-800-221-2874  
 (Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Telephone #)