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FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G07397** (4)

1. Corporation Name  
**ATLANTIC SOUTHERN PRODUCTIONS, INC.**



Principal Place of Business  
**8950 Silkwood Ct.**  
**SARASOTA FL 34238**

Mailing Address  
**P.O. Box 1299**  
**SARASOTA FL 34238-3129**

3. Date Incorporated or Qualified  
**11/05/1982**

3a. Date of Last Report  
**02/12/1996**

4. FEI Number  
**59-2244677**

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

2. Principal Place of Business  
**8950 Silkwood Ct.**

2a. Mailing Address  
**P.O. Box 1299**

Suite, Apt. #, etc.

22. City & State  
**Sarasota, FL.**

27. City & State  
**Osprey, FL.**

23. Zip  
**34238**

28. Zip  
**34229**

Country

9. Name and Address of Current Registered Agent

**STANLEY E MARABLE**  
**677 N WASHINGTON BLVD**  
**SUITE 2**  
**SARASOTA FL 34238**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVD** ☐ DELETE

NAME **WINDER, WILLIAM RAY, JR.**

STREET ADDRESS **8950 Silkwood Ct.**

CITY-ST-ZIP **SARASOTA, FL 00000 34238**

TITLE **S** ☐ DELETE

NAME **PARKER, DIANE A'DELL**

STREET ADDRESS **2454 E. Burr Oak Ct.**

CITY-ST-ZIP **Sarasota, FL. 34232**

TITLE **DT** ☐ DELETE

NAME **WINDER, WILLIAM RAY, III**

STREET ADDRESS **8963 SILKWOOD CT**

CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 do 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 for 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)