

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G79807** (5)

1. Corporation Name
HOOD VIDEO, INC.



Principal Place of Business

**3553 CYPRESS TER.
PINELLAS PARK FL 34665
US**

Mailing Address

**P O BOX 60215
ST PETERSBURG FL 33764-0215
US**

2. Principal Place of Business

2a. Mailing Address

21 Sube, Apt. #, etc.

26 Sube, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HOOD, EVERETT
140 - 42ND AVENUE N.E.
ST. PETERSBURG FL 33703**

3. Date Incorporated or Qualified
01/23/1984

3a. Date of Last Report
04/27/1995

4. FEI Number
59-2401769

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 of the person authorized to file this report

Signature of the person authorized to file this report

Date

12. OFFICERS AND DIRECTORS

TITLE **PTS** ☐ DELETE
NAME **HOOD, EVERETT D.**
STREET ADDRESS **140 42ND AVE NE**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 TITLE ☐ Change ☐ Addition

15 NAME

16 STREET ADDRESS

17 CITY-ST-ZIP

18 TITLE ☐ Change ☐ Addition

19 NAME

20 STREET ADDRESS

21 CITY-ST-ZIP

22 TITLE ☐ Change ☐ Addition

23 NAME

24 STREET ADDRESS

25 CITY-ST-ZIP

26 TITLE ☐ Change ☐ Addition

27 NAME

28 STREET ADDRESS

29 CITY-ST-ZIP

30 TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY-ST-ZIP

34 TITLE ☐ Change ☐ Addition

35 NAME

36 STREET ADDRESS

37 CITY-ST-ZIP

38 TITLE ☐ Change ☐ Addition

39 NAME

40 STREET ADDRESS

41 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 119.07(3)(b), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: **Everett Hood Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 (813) 525 8193
Date of Filing

CR2E034 (12/95)