

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **H07321**
 1. Corporation Name
TOC PRODUCTIONS, INC

Principal Place of Business: Mailing Address
P.O. BOX 2023
WINTER PARK, FL
32790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
JUNE 7, 84

| | | | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|----|--|----|---|----|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | 5. Certificate of Status Desired | | 6. Election Campaign Financing Trust Fund Contribution | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-2435255 | | <input type="checkbox"/> \$8.75 Additional Fee Required | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Zip | Country | Zip | Country | | | | | | |

7. Name and Address of Current Registered Agent
Hildegarde Linders
421 Collins Dr.
Ormond Beach, FL 32174

8. 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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------------|---------------------------------|
| TITLE | PRESIDENT | <input type="checkbox"/> DELETE |
| NAME | Jeanette C. Linders | |
| STREET ADDRESS | 421 Collins Dr. | |
| CITY - ST - ZIP | Ormond Beach, FL 32174 | |
| TITLE | Secy | <input type="checkbox"/> DELETE |
| NAME | same | |
| STREET ADDRESS | same | |
| CITY - ST - ZIP | same | |
| TITLE | TREASURER | <input type="checkbox"/> DELETE |
| NAME | same | |
| STREET ADDRESS | same | |
| CITY - ST - ZIP | same | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | 600002467026 |
| 43 STREET ADDRESS | -03/24/98--01088--018 |
| 44 CITY - ST - ZIP | ***75.00 |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | pc 324 |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | 600002467026 |
| 63 STREET ADDRESS | -03/24/98--01088--018 |
| 64 CITY - ST - ZIP | ***75.00 |

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.

SIGNATURE: **Jeanette C Linders** Date: **Mar 4, 1998** 407-539-
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: **438A**

CR2E034 (10/97)