

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

FILED

May 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H22625 (8)**

**1. Corporation Name**  
**VIDEO VIEW OF TOWN & COUNTRY, INC.**

**Principal Place of Business**  
**7531 W. WATERS AVE.**  
**TAMPA FL 33615**  
**US**

**Mailing Address**  
**8701 TANTALLON CR**  
**TAMPA FL 33647-2238**



**3. Date Incorporated or Qualified** **09/25/1984** **3a. Date of Last Report** **03/05/1996**

**4. FEI Number** **59-2445643** **Applied For** ☐ **Not Applicable** ☐

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Election Campaign Financing** ☐ **\$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**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

**2a. Mailing Address**

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

**9. Name and Address of Current Registered Agent**

**LEROY, PAUL**  
**8701 TANTALLON CR**  
**TAMPA FL 33647**

**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 607.0605, Florida Statutes.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**12. OFFICERS AND DIRECTORS**

**TITLE** **PD** ☐ DELETE  
**NAME** **FULLER, CHARLES DAVID**  
**STREET ADDRESS** **10108 LAKE COVE LN**  
**CITY-ST-ZIP** **TAMPA FL**

**TITLE** **CDST** ☐ DELETE  
**NAME** **LEROY, PAUL**  
**STREET ADDRESS** **8701 TANTALLON CR**  
**CITY-ST-ZIP** **TAMPA FL**

**TITLE** **VD** ☐ DELETE  
**NAME** **WILSON, GARY W**  
**STREET ADDRESS** **15025 LAUREL COVE CIRCLE**  
**CITY-ST-ZIP** **ODESSA FL**

**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**

**11 TITLE** ☐ Change ☐ Addition  
**12 NAME**  
**13 STREET ADDRESS**  
**14 CITY-ST-ZIP**

**21 TITLE** ☐ Change ☐ Addition  
**22 NAME**  
**23 STREET ADDRESS**  
**24 CITY-ST-ZIP**

**31 TITLE** ☐ Change ☐ Addition  
**32 NAME**  
**33 STREET ADDRESS**  
**34 CITY-ST-ZIP**

**41 TITLE** ☐ Change ☐ Addition  
**42 NAME**  
**43 STREET ADDRESS**  
**44 CITY-ST-ZIP**

**51 TITLE** ☐ Change ☐ Addition  
**52 NAME**  
**53 STREET ADDRESS**  
**54 CITY-ST-ZIP**

**61 TITLE** ☐ Change ☐ Addition  
**62 NAME**  
**63 STREET ADDRESS**  
**64 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 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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 28, 1997** **813-949-4954**  
Daytime Phone #

CR2E034 (9/96)