

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

51468-5328-C
(4)

DOCUMENT # **H50446**

1. Corporation Name

VILLAGE VIDEO, INC



Principal Place of Business

Mailing Address

P.O. BOX 1345
1000 S. JEFFERSON STREET
PERRY FL 32347

2004 HOUSTON AVE
VALDOSTA GA 31602

3. Date Incorporated or Qualified

04/01/1985

3a. Date of Last Report

10/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

58-1613745

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLY, LARRY J
1000 S. JEFFERSON ST.
PERRY FL 32347

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

(NOT: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **P KELLY, LARRY J.**
STREET ADDRESS **2004 HOUSTON AVE.**
CITY- ST- ZIP **VALDOSTA GA 31602**

12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VP MURPHY, WALLACE**
STREET ADDRESS **RT. #4 BOX 214**
CITY- ST- ZIP **PERRY FL 32347**

22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME **ST MURPHY, LISA**
STREET ADDRESS **RT. #4 BOX 214**
CITY- ST- ZIP **PERRY FL 32347**

32 NAME **ST SISK, PEGGY**
33 STREET ADDRESS **RT 4 BOX 120**
34 CITY- ST- ZIP **PERRY, FL 32347**

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

62 NAME
63 STREET ADDRESS
64 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)(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 if changed, or on an attachment with an address.

SIGNATURE:

LARRY J. KELLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96
DATE

904 584 8247
Telephone Phone #

CR2E034 (12/95)