FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 8:56

DOCUMENT # **H59985** **(2)**

1. Corporation Name
RICK'S MOVIE GRAPHICS, INC.

Principal Place of Business	Mailing Address
C/O RICHARD STOKES 715 N.E. 2ND ST. GAINESVILLE FL 32601	C/O RICHARD STOKES 715 N.E. 2ND ST. GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/24/1985**
3a. Date of Last Report: **05/12/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **59-2695691**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☒	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 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

STOKES,RICHARD A.
715 N.E. 2ND ST.
GAINESVILLE FL 32601

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, Typed or Printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	STOKES, RICHARD A.	12 NAME	
STREET ADDRESS	715 N.E. 2ND ST.	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY ST ZIP	
TITLE	VPS	21 TITLE	☐ Change ☐ Addition
NAME	STOKES, KAREN ORR	22 NAME	
STREET ADDRESS	715 N.E. 2ND ST.	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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 added, or an attachment with an address.

SIGNATURE: R Stokes 5/25/95 904 375-3927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)
Richard A. Stokes, president

000375 CP

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H63482** **(4)**

1. Corporation Name

SUNSHINE STATE REALTY, INC.

Principal Place of Business	Mailing Address
% JOSEPH E. GAYTON 116 TREASURE ISLAND CSWY. TREASURE ISLAND FL 33706	% JOSEPH E. GAYTON 116 TREASURE ISLAND CSWY. TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/24/1985	04/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2555199 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X **$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 X No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GAYTON, JOSEPH E. 116 TREASURE ISLAND CSWY. TREASURE ISLAND FL 33706	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 _____ DATE
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DIRECTOR	X Change ☐ Addition
NAME	PUZIA MICHAEL J	12 NAME	PUZIA, MICHAEL J.	
STREET ADDRESS	1808 CALIFONIA ST NW UNIT 22	13 STREET ADDRESS	1852 COLUMBIA RD. N.W., UNIT 203	
CITY ST ZIP	WASHINGTON DC	14 CITY ST ZIP	WASHINGTON, D.C. 20009	
TITLE	PST	21 TITLE		☐ Change ☐ Addition
NAME	GAYTON JOSEPH E.	22 NAME		
STREET ADDRESS	11305 - 6TH ST. E.	23 STREET ADDRESS		
CITY ST ZIP	TREASURE ISLAND FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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: Joseph E. Gayton JOSEPH E. GAYTON 5-30-95 (813) 367-5558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

P97474 — CR