

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H75947 (2)

1. Corporation Name

GORMAN ENTERTAINMENT, INC.



Principal Place of Business

5566 FT. CAROLINE ROAD  
SUITE 7  
JACKSONVILLE FL 32211

Mailing Address

5566 FT. CAROLINE ROAD  
SUITE 7  
JACKSONVILLE FL 32211

3. Date Incorporated or Qualified  
09/13/1985

3a. Date of Last Report  
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2580742

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

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

GORMAN, HERBERT H., III  
2104 WATERS MEET DR.  
TALLAHASSEE FL 32312

81 Name  
Sandy Myers

82 Street Address (P.O. Box Number is Not Acceptable)  
4009 Shoal Creek Lane East

84 City  
Jacksonville

FL 85 Zip Code  
32225

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

*Sandra Myers*

(Print Name of Registered Agent)

4/15/96

(Date)

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GORMAN, HERBERT H., III  
STREET ADDRESS 2101 WATER MEET DR.  
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

TITLE VP  
NAME CREMER, BRIAN P.  
STREET ADDRESS 14338 NATURE BRIDGE LN  
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Joe Myers  
1.3 STREET ADDRESS 4009 Shoal Creek Lane East  
1.4 CITY-ST-ZIP Jacksonville, FL 32225 ☐ Change ☒ Addition

2.1 TITLE VP  
2.2 NAME Sandy Myers  
2.3 STREET ADDRESS 4009 Shoal Creek Lane East  
2.4 CITY-ST-ZIP Jacksonville, FL 32225 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 100001788141  
4.4 CITY-ST-ZIP -04/22/96--01022--010  
\*\*\*200.00 ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: X

*Sandra Myers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 (904) 642-8817

(Typed Print Name)

CR2E034 (12/95)