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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 12 1996 8:00 am  
Secretary of State

DOCUMENT # J14418 (4)

1. Corporation Name  
VIDEO GUIDE ETC., INC.

Principal Place of Business

% MARGARET A. WHARTON  
456 S. CENTRAL AVENUE  
OVIEDO FL 32765

Mailing Address

1412 FAIRWAY OAKS DR  
456 S. CENTRAL AVENUE  
CASSELBERRY FL 32707  
US



2. Principal Place of Business 2a. Mailing Address

21 1412 Fairway Oaks 26 Same  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Casselberry FL 28  
Zip Country Zip Country

24 32707-5140 25 29 30

3. Date Incorporated or Qualified 05/14/1986 3a. Date of Last Report 01/20/1995

4. FEI Number 59-2711454 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$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 ☐ No

9. Name and Address of Current Registered Agent

WHARTON, MARGARET A.  
456 S. CENTRAL AVENUE  
OVIEDO FL 32765

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MACKENNEY, JAMES R.  
STREET ADDRESS 1412 FAIRWAY OAKS  
CITY- ST- ZIP CASSELBERRY FL ☐ DELETE

1.1 TITLE  
1.2 NAME ☐ Change ☐ Addition  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE STD  
NAME MACKENNEY, BRENDA M.  
STREET ADDRESS 1412 FAIRWAY OAKS  
CITY- ST- ZIP CASSELBERRY FL ☐ DELETE

2.1 TITLE  
2.2 NAME ☐ Change ☐ Addition  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME ☐ Change ☐ Addition  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME ☐ Change ☐ Addition  
6.3 STREET ADDRESS  
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 695-6034  
Date Daytime Phone #

CR2E034 (12/95)