

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90005 023 \*\*\*150.00

DOCUMENT # **J14542**

1. Corporation Name  
**VIDEO VARIANTS, INC.**



Principal Place of Business  
**180 SECOND ST SW  
WINTER HAVEN FL 33880  
US**

Mailing Address  
**180 SECOND ST SW  
WINTER HAVEN FL 33880  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/12/1986**

4. FEI Number

**59-2674163**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**CARMICHAEL, T. MILLER  
226 SHORE DR. S.E.  
WINTER HAVEN FL 33880**

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

TITLE **PS** ☐ DELETE  
NAME **CARMICHAEL, T. MILLER**  
STREET ADDRESS **226 SHORE DR. S.E.**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **TD** ☐ DELETE  
NAME **CARMICHAEL, T. MILLER**  
STREET ADDRESS **226 SHORE DR. S.E.**  
CITY-ST-ZIP **WINTER HAVEN 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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. I 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: **T. Miller Carmichael** **7/1/99** **(941) 299-5678**

CR2E034 (5/99)



(941) 299-5678

180 Second Street SW  
Winter Haven, FL. 33880

588639-90005-23  
J14542

July 1, 1999

Florida Department of State  
Annual Report Filings  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL. 32314

Re: Corporation Annual Report

Encl: Duplicate Annual Report  
Copy of check Stub

The enclosed Report is a duplicate of the one submitted on April 25, 1999. The original enclosed Video Variants Check No. 2797 which has never been returned by the bank. A copy of the check stub is also enclosed.

As the original filing has apparently been lost in the mail, I request that the penalty be waived and the enclosed be accepted as original.

Sincerely;

2797	DEPT OF STATE	4/25 1999	TOTAL	
	FOR CORP ANNUAL REPORT		THIS CHECK	150 00
			OTHER TRANS.	

T. Miller Carmichael  
President