FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1997 8:00am

Secretary of State

1/15/97

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J60666

(1)

Mailing Address

LONG'S VIDEO, INC.

Principal Place of Business

B1 MARKET ST APALACHICOLA FL 32320		81 MARKET ST APALACHICOLA FL 32320-1752			
				3. Date Incorporated or Qualified 03/04/1987	3a. Date of Last Report 01/29/1996
2. Principal Place of Business		2a. Mailing Address	├ -		Applied For
Suite, Apt. #, etc.		Suite, Apt #, etc.		59-2786593	Not Applicable S8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	?	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zi p	Country	Zip	Country	8. This corporation has liability for in	
24	25		30		Yes No
	9. Name and Address of Cu	rrent Registered Agent		10, Name and Address of New Reg	istered Agent
81 F	IG, MERIDA F. MARKET ST LLACHICOLA FL 32320		81 Name 82 Street Add 83 B4 City	ress (P.O. Box Number is Not Acceptabl	SE Zin Code
					- FL
office or re	egistered agent, or both, in the 5	.0502 and 607.1508, Florida Statute: State of Florida. Such change was au ibligations of, Section 607.0505, Flor	ithorized by the corpora	poration submits this statement for the pa tion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE	Signature, type d'or provincionarie of registeri	d agent and title if applicable. (NOTE:	Registered Agent signature requi	ored when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PST	☐ DELETE	1.1 TITLE		Change Addition
NAME	LONG, MERIDA F.		1.2 NAME		
STREET ADDRESS	81 MARKET ST APALACHICOLA FL		1.3 STREET ADDRESS		
CITY - S1 - ZIP TITLE	D	DELETE	1.4 City-St-ZiP 2.1 Title		Change Addition
NAME	LONG, MERIDA F.		2.2 NAME		
STREET ADDRESS	81 MARKET ST		2.3 STREET ADDRESS		
CITY - ST - ZIP	APALACHICOLA FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - S1 - ZIF	pro		3 4. CITY - ST - ZIP		
TOLE		☐ DELET E	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TIFLE		□ Metic	5.1 TITLE 5.2 NAME		El oninge El rodition
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZiP			5.4 CITY-ST-ZIP		
1:11E		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do heret informatio I am an o	on indicated on this annual repor flicer or director of the corporate	t or supplemental annual report is tri	ue and accurate and tha ered to execute this repo	rd in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	effect as if made under oath; that