

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 11:20

DOCUMENT # K04382 (3)

1. Corporation Name
VIDEO BAR, INC.

Principal Place of Business
**5325 VILLAGE MARKET
WESLEY CHAPEL FL 33543**

Mailing Address
**23100 S.R. 54
LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/01/1987

3a. Date of Last Report
02/17/1994

4. FEI Number
59-2865329

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. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'DONNELL, CYNTHIA LEE
32747 KNOLLWOOD LANE
501 E. KENNEDY BLVD.
ZEPHYRHILLS FL 33544**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, title, or printed name of registered agent and title if applicable

Printed: Registered Agent signature/printed when resigning

DATE

Cynthia L. O'Donnell (Same agent as before) **6/15/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PO
O'DONNELL, CINDY
32747 KNOLLWOOD LANE
ZEPHYRHILLS FL

1 1 TITLE ☐ Change ☐ Addition

2 2 NAME ☐ Change ☐ Addition

3 3 STREET ADDRESS ☐ Change ☐ Addition

4 4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 5 TITLE ☐ Change ☐ Addition

6 6 NAME ☐ Change ☐ Addition

7 7 STREET ADDRESS ☐ Change ☐ Addition

8 8 CITY - ST - ZIP ☐ Change ☐ Addition

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9 9 TITLE ☐ Change ☐ Addition

10 10 NAME ☐ Change ☐ Addition

11 11 STREET ADDRESS ☐ Change ☐ Addition

12 12 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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13 13 TITLE ☐ Change ☐ Addition

14 14 NAME ☐ Change ☐ Addition

15 15 STREET ADDRESS ☐ Change ☐ Addition

16 16 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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17 17 TITLE ☐ Change ☐ Addition

18 18 NAME ☐ Change ☐ Addition

19 19 STREET ADDRESS ☐ Change ☐ Addition

20 20 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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21 21 TITLE ☐ Change ☐ Addition

22 22 NAME ☐ Change ☐ Addition

23 23 STREET ADDRESS ☐ Change ☐ Addition

24 24 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 110.07(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia L. O'Donnell

6/15/95 **815-973-2174**

CR2E034 (3/95)