

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K42905 (5)

1. Corporation Name

KIRK MCCLELLAND PRODUCTIONS, INC.



Principal Place of Business

831-D MECCA DRIVE  
SARASOTA FL 34234

Mailing Address

831-D MECCA DRIVE  
SARASOTA FL 34234

3. Date Incorporated or Qualified  
10/31/1988

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business  
21 1322 45th Street  
Suite, Apt. #, etc.  
22  
City & State  
23 Sarasota, FL  
Zip Country  
24 34234 25 Sarasota  
2a. Mailing Address  
26 1322 45th Street  
Suite, Apt. #, etc.  
27  
City & State  
28 Sarasota, FL  
Zip Country  
29 34234 30 Sarasota

4. FEI Number  
59-2225727  
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

MCCLELLAND, KIRK  
831-D MECCA DRIVE  
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
1322 45th Street  
83  
84 City  
Sarasota FL 85 Zip Code  
34234

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	P	DELETED
NAME	MCCLELLAND, KIRK	
STREET ADDRESS	831-D MECCA DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	DELETED
NAME	MCCLELLAND, CAROL	
STREET ADDRESS	831-D MECCA DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	1322 45th Street
1.4 CITY-ST-ZIP	Sarasota, FL 34234
2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	1322 45th Street
2.4 CITY-ST-ZIP	Sarasota, FL 34234
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
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 shareholder 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

Carol McClelland April 20, 1996 (941) 355-2456

CR2E034 (12/95)