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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K51571

(3)

1. Corporation Name
VIDEO SPECIALISTS, INC.



Principal Place of Business

4391 COLONIAL
SUITE #5
FT. MYERS FL 33912
US

Mailing Address

4391 COLONIAL
SUITE 5
FT. MYERS FL 33912-1055
US

3. Date Incorporated or Qualified
12/15/1988

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 SUITES 3/4
23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 SUITES 3/4
28 City & State

29 Zip 30 Country

4. FEI Number
65-0090435

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

BOWLES, DONALD S., SR.
4391 COLONIAL
S-5
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 SUITES 3 AND 4

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

Donald A. Bowles Jr. President

DONALD A. BOWLES SR. PRES.

1/6/97

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BOWLES, DONALD A., SR.
STREET ADDRESS 1153 SE 32ND TERRACE
CITY - ST - ZIP CAPE CORAL FL

TITLE VP ☒ DELETE
NAME BOWLES, DAVID A., SR.
STREET ADDRESS 35 NEW HOPE RD.
CITY - ST - ZIP ELKVIEW, WV.

TITLE S ☒ DELETE
NAME BOWLES, CONSTANCE
STREET ADDRESS 1153 SE 32ND TERRACE
CITY - ST - ZIP CAPE CORAL FL

TITLE T ☒ DELETE
NAME BOWLES, DONALD A JR
STREET ADDRESS 717 SE 10TH AVE SE
CITY - ST - ZIP CAPE CORAL FL

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 VP ☒ Change ☐ Addition
2.2 NAME BOWLES, DONALD A. JR.
2.3 STREET ADDRESS 717 SE 10TH AVE.
2.4 CITY - ST - ZIP CAPE CORAL, FL.

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME THAYER, MARY JO
3.3 STREET ADDRESS 2828 JACKSON ST. #04
3.4 CITY - ST - ZIP FOOT MYERS, FL.

4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME BOWLES, KAREN A.
4.3 STREET ADDRESS 1153 SE. 32ND TERR.
4.4 CITY - ST - ZIP CAPE CORAL, FL.

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 do 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: *Donald A. Bowles Jr. President* DONALD A. BOWLES SR. 1/6/97 941-278-1349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034 (9/96)