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May 01 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 # L16260 (6)

1. Corporation Name
VIDEO MANIA OF GAINESVILLE, INC.

Principal Place of Business

4830 NW 43RD ST
APT E-66
GAINESVILLE FL 32606

Mailing Address

4830 NW 43RD ST
APT E-66
GAINESVILLE FL 32606-4401

3. Date Incorporated or Qualified 09/13/1989
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 3924 N.W. 151st Way
Suite, Apt. #, etc.

22

City & State

23 GAINESVILLE, FL

Zip

24 32604

Country

25 USA

2a. Mailing Address

26 3924 N.W. 151st Way
Suite, Apt. #, etc.

27

City & State

28 GAINESVILLE, FL

Zip

29 32604

Country

30 USA

4. FEI Number

59-2971461

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

CHRISTMANN, THOMAS G.
4830 NW 43RD ST
APT E-66
GAINESVILLE FL 32606

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 ST
NAME ROST, JEFFREY A.
STREET ADDRESS 113 LANSING ISLAND DR.
CITY-ST-ZIP INDIAN HARBOR BCH FL 32606

☐ DELETE

TITLE P
NAME BARBER, GARY S.
STREET ADDRESS 4830 NW 43RD ST
CITY-ST-ZIP GAINESVILLE FL 32606

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

PRESIDENT
GARY S BARBER
3924 N.W. 151st Way
GAINESVILLE, FL 32604

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Gary S. Barber

GARY S. BARBER, PRESIDENT

4/25/97

352-373-2251

CR2E034 (9/96)