Mailing Address

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L60164

1. Corporation Name

GEO - GIN PRODUCTIONS, INC.

FILED Feb 25, 1999 8:00 am **Secretary of State**

02-25-1999 90079 011 ***150.00



gincipal Place of Business 239 CENTER CT ₹39 CENTER CT VENICE FL 34292 1611 VALLEY DRIVE DO NOT WRITE IN THIS SPACE VENICE FL 34292 HS 3. Date Incorporated or Qualifed 03/20/1990 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3003386 Not Applicable 26 \$8.75 Additional \Box 5. Certifcate of Status Desired Fee Required 27 \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Country 8. This corporation owes the current year Intangible USA ☐ Yes Personal Property Tax. 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KEMP, VIRGINIA S. 82 Street Address (P.O. Box Number is Not Acceptable) 1611 VALLEY DRIVE **VENICE FL 34292** 83 Zip Code City 85 84 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition TITLE ☐ DELETE 1.1 TITLE KEMP, VIRGINIA S. 1.2 NAME NAME 1611 VALLEY DRIVE 1.3 STREET ADDRESS STREET ADDRESS VENICE FL 34292 CITY-ST-ZIP 14 CITY-ST-ZIP Addition Change ☐ DELETE 21 TITLE PD TITLE KEMP, GEORGE L 22 NAME NAME 1611 VALLEY DRIVE 2.3 STREET ADDRESS STREET ADDRESS VENICE FL 34292 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

CR2E034 (11/98)