

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 # L60597 (6)

1. Corporation Name
INTERACTIVE MEDIA, INC.



Principal Place of Business

% JOHN H. WIEGERT
1205 WALT WILLIAMS RD.
LAKELAND FL 33809

Mailing Address

% JOHN H. WIEGERT
1205 WALT WILLIAMS RD.
LAKELAND FL 33809

3. Date Incorporated or Qualified
03/23/1990

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21 1220 PLEASANT PL

2a. Mailing Address

26 1220 PLEASANT PL

4. FEI Number

593059231

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LAKELAND FL

City & State

28 LAKELAND FL

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 33801

25 USA

29 33801

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WIEGERT, JOHN H.
1205 WALT WILLIAMS RD.
LAKELAND FL 33809

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 TSD
NAME WIEGERT, JOHN H.
STREET ADDRESS 1205 WALT WILLIAMS RD.
CITY-ST-ZIP LAKELAND FL 33809 ☐ DELETE

TITLE PD
NAME JAMES, DELL
STREET ADDRESS 3928 WATEROAK DR
CITY-ST-ZIP LAKELAND FL 33809 ☐ DELETE

TITLE VD
NAME GLANDT, GORDON
STREET ADDRESS 4108 NORTHMEADOW CIR
CITY-ST-ZIP TAMPA FL 33624 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TSD
1.2 NAME WIEGERT JOHN H.
1.3 STREET ADDRESS 1220 PLEASANT PL
1.4 CITY-ST-ZIP LAKELAND FL 33801 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 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: JOHN H. WIEGERT 4/22/96 941-688-8722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)