


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L60597** (6)

1. Corporation Name
INTERACTIVE MEDIA, INC.

Principal Place of Business

1220 PLEASANT PL
~~1206 WALT WILLIAMS RD.~~
LAKELAND FL 33801
US

Mailing Address

1220 PLEASANT PL
~~1206 WALT WILLIAMS RD.~~
LAKELAND FL 33801-2850
US

3. Date Incorporated or Qualified
03/23/1990

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21 **1220 PLEASANT PL**

Suite, Apt. #, etc.

22

23 **LAKELAND PL**

City & State

24 **33801** 25 **USA**

Zip Country

2a. Mailing Address

26 **1220 PLEASANT PL**

Suite, Apt. #, etc.

27

28 **LAKELAND PL**

City & State

29 **33801** 30 **USA**

Zip Country

4. FEI Number
59-3059231

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

WIEGERT, JOHN H.
~~1206 WALT WILLIAMS RD.~~
~~LAKELAND FL 33809~~

10. Name and Address of New Registered Agent

81 Name **WIEGERT JOHN H**

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

83 **1220 PLEASANT PL**

84 City **LAKELAND** FL 85 Zip Code **33801**

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

JOHN H. WIEGERT TSD

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

(Not to be registered Agent signature required when resigning)

4/21/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **TSD**
STREET ADDRESS **WIEGERT, JOHN H.**
CITY-ST-ZIP **1220 PLEASANT PL**
LAKELAND FL

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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

John H. Wiegert TSD **4/21/97** **941-686-8777**

CR2E034 (9/96)