

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L69826 (0)
1. Corporation Name

SUNDIVER PRODUCTIONS COMPANY



Principal Place of Business

Mailing Address

P.O. BOX 1315-
CRYSTAL RIVER FL 34423-1315-
US

P.O. BOX 1315-
CRYSTAL RIVER FL 34423-1315
US

3. Date Incorporated or Qualified

05/01/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0193045

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

2. Principal Place of Business

2a. Mailing Address

21 PO Box 807

26 PO Box 807

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

24 34423-0807

25

28 Zip Country

29 34423-0807

30

9. Name and Address of Current Registered Agent

COREY, DONNA S.
421 N.W. 14TH PLACE
CRYSTAL RIVER FL 32629

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 office if applicable

(NOTE: If a person Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

~~STYKOWSKI, JOSEPH~~
~~6830 W OTTAS CT~~
~~CRYSTAL RIVER FL~~

☒ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP
DST
COREY, DONNA S.
421 N.W. 14TH PLACE
CRYSTAL RIVER FL

☒ 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT, DIRECTOR ☒ Change ☐ Addition

1.2 NAME

DONNA S. COREY

1.3 STREET ADDRESS

421 NW 14th PLACE

1.4 CITY - ST - ZIP

CRYSTAL RIVER, FL 34428

2.1 TITLE

VICE PRESIDENT, ☒ Change ☐ Addition

2.2 NAME

CRISTY COREY

2.3 STREET ADDRESS

7226 MILDRED PARKWAY

2.4 CITY - ST - ZIP

RHINELAUDER, WI 54601

3.1 TITLE

SECRETARY, ☒ Change ☐ Addition

3.2 NAME

JENNIE R. COREY

3.3 STREET ADDRESS

7226 MILDRED PARKWAY

3.4 CITY - ST - ZIP

RHINELAUDER, WI 54601

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

800001914808

-08/07/96--01015--002

***225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donna S. Corey

DONNA S. COREY, P/D

July 29, 1996

356-563-0318
8/6/96