

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 # L71161 (8)

1. Corporation Name

WEE-ONES RERUNS, INC.

Principal Place of Business

8058 OLD KINGS RD. S.
JACKSONVILLE FL 32217

Mailing Address

8058 OLD KINGS RD. S.
JACKSONVILLE FL 32217



2. Principal Place of Business

2a. Mailing Address

21 8058 Old Kings Rd S 26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Jax FL

24 32217 25 Duval

29 Zip Country

3. Date Incorporated or Qualified

05/04/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3018687

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

FLANAGAN, GREGORY S.
201 N MAGNOLIA AVE
OCALA FL 32670

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 of person authorized to register agent and the corporation

Signature of Registered Agent (Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
BAROCH, DOLVER
1170 EXECUTIVE COVE
JACKSONVILLE FL

1. TITLE

2. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
SHUPE, VICKI
3945 PEACH DR W
JACKSONVILLE FL

2. TITLE

2. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE

3. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE

4. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE

5. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. TITLE

6. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

☐ Change ☐ Addition

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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 in an attachment with an address.

SIGNATURE:

Vicki Shupe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 904-759-5807
DATE DATE PHONE

CR2E034 (12/95)