

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M78686

(6)

1. Corporation Name

T & M VIDEO, INC.

FILED

'95 JUL 14 AM 11:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
DOGWOOD PARK SHOPPING CENTER
5430 DOGWOOD DR.
MILTON FL 32570

Mailing Address
DOGWOOD PARK SHOPPING CENTER
5430 DOGWOOD DR.
MILTON FL 32570

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/01/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2886089	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	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

MORGAN, THOMAS E.
7120 PENNINGTON DR.
PENSACOLA FL 32526

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Thomas E. Morgan*
(Signature typed or printed name of registered agent and date of appointment)

(NOTE: Registered Agent signature required when resigning)

DATE 7-9-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MORGAN, THOMAS E.	12 NAME	
STREET ADDRESS	7120 PENNINGTON DR	13 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MORGAN, MARION H.	22 NAME	
STREET ADDRESS	7120 PENNINGTON DR	23 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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: *Thomas E. Morgan* / THOMAS E. MORGAN
(Signature typed or printed name of signing officer or director)

7-9-95 (904) 626-0777
Date (Typed Name)