

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M78686** (6)

1. Corporation Name

T & M VIDEO, INC.



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**

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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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 that applicant.

Signature of Registered Agent (Signature required when not filing).

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MORGAN, THOMAS E.	
STREET ADDRESS	7120 PENNINGTON DR	
CITY- ST- ZIP	PENSACOLA FL	
TITLE	D	☐ DELETE
NAME	MORGAN, MARION H.	
STREET ADDRESS	7120 PENNINGTON DR	
CITY- ST- ZIP	PENSACOLA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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

1. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
2. 1. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	
3. 1. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	
4. 1. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
5. 1. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
6. 1. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-96

(904) 626-0777

DATE

PHONE

CR2E034 (12/95)