

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N24999** (7)

1. Corporation Name

PRODUCERS COUNCIL OF FLORIDA, INC.



Principal Place of Business

Mailing Address

**4134 ST. AUGUSTINE RD.
P.O. BOX 5973
JACKSONVILLE FL 32247-5973**

**4134 ST. AUGUSTINE RD.
P.O. BOX 5973
JACKSONVILLE FL 32247-5973**

3. Date Incorporated or Qualified

02/24/1988

3a. Date of Last Report

04/24/1995

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

4. FEI Number

59-2868868

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

10. Name and Address of New Registered Agent

**ZART, CARL
4314 ST. AUGUSTINE RD.
JACKSONVILLE FL 32207**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROSE, JOHN	
STREET ADDRESS	404 LAKESHORE DR	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FELL, JIM	
STREET ADDRESS	521 WHISPERWOOD DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LUTZ, MARK	
STREET ADDRESS	716B INDUSTRY ROAD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HUNTER, DONNIE	
STREET ADDRESS	1461 OTOES PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAIL, RICK	
STREET ADDRESS	10909-11 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD DOYLE, JEFF
1.3 STREET ADDRESS	6610 SUE MAC PLACE
1.4 CITY-ST-ZIP	JACKSONVILLE, FLA. 32254
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD HOLLAND LEE
2.3 STREET ADDRESS	415 McCORMICK Circle
2.4 CITY-ST-ZIP	NEPTUNE BEACH, FLA. 32266
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD HAYES, NEAL
3.3 STREET ADDRESS	P.O. Box 895008
3.4 CITY-ST-ZIP	LEESBURG, FLA. 34789-5008
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Collins, Loyls
5.3 STREET ADDRESS	2145 DENNIS ST.
5.4 CITY-ST-ZIP	JACKSONVILLE, FLA. 32204
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donnie Hunter* **DONNIE HUNTER** 2/1/96 904 287-9211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)