

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33703** (2)

1. Corporation Name

LOFT PRODUCTIONS, INC.

Principal Place of Business

**THE LOFT PRODUCTION CO., INC.
1441 FLETCHER AVE. E., STE. 413
TAMPA FL 33612-8809**

Mailing Address

**THE LOFT PRODUCTION CO., INC.
1441 FLETCHER AVE. E., STE. 413
TAMPA FL 33612-8809**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/24/1989** 3a. Date of Last Report **05/28/1996**

4. FEI Number **59-2971883** 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1701 20th St. N.

Suite, Apt. #, etc.

22

City & State

23 Tampa, FL

Zip

24 33605

Country

25

2a. Mailing Address

26 16057 Tampa Palms Blvd.

Suite, Apt. #, etc.

27 # 103

City & State

28 Tampa, FL

Zip

29 33647

Country

30

g. Name and Address of Current Registered Agent

**COLLINS, KIMBERLY
1441 FLETCHER AVE., #413
TAMPA FL 33612-8809**

10. Name and Address of New Registered Agent

81 Name Montese Crandall
82 Street Address (P.O. Box Number is Not Acceptable) 16057 Tampa Palms Blvd. W #103
83
84 City Tampa **85 Zip Code FL 33647**

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 **Montese Crandall Executive Director**

8/24/97

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 ST ☒ DELETE
NAME GABBERT, KARA
STREET ADDRESS 5055 S. DALE MABRY #1124
CITY-ST-ZIP TAMPA FL 33629

TITLE VT ☒ DELETE
NAME PRESSNER, ROBERT A
STREET ADDRESS 2912 W. ESTRELLA
CITY-ST-ZIP TAMPA FL 33629

TITLE CT ☒ DELETE
NAME LEVINE, BARRY
STREET ADDRESS 6705 PEACH TREE DRIVE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE T ☒ DELETE
NAME CLARK, DAWN
STREET ADDRESS 6316 LAKE SUNRISE DR.
CITY-ST-ZIP APOLLO BCH. FL 33572

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

1.1 TITLE C/D ☐ Change ☒ Addition
1.2 NAME Blanc Crandall
1.3 STREET ADDRESS 29359 Openfield Loop
1.4 CITY-ST-ZIP Wesley Chapel, FL 33543

2.1 TITLE T/D ☐ Change ☒ Addition
2.2 NAME Agnes Miller
2.3 STREET ADDRESS 5524 Carrollwood Key Dr.
2.4 CITY-ST-ZIP Tampa, FL 33624

3.1 TITLE V/D ☐ Change ☒ Addition
3.2 NAME Lucius M. Dyal Jr.
3.3 STREET ADDRESS 501 E. Kennedy Blvd. #1400
3.4 CITY-ST-ZIP Tampa, FL 33601

4.1 TITLE MD ☐ Change ☒ Addition
4.2 NAME Montese Crandall
4.3 STREET ADDRESS 29359 Openfield Loop
4.4 CITY-ST-ZIP Wesley Chapel, FL 33543

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Montese Crandall**

8/24/97 (13) 991-1009

CP2E037 (4/97)