

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N48890 (0)

1. Corporation Name

TERRA INCOGNITO PUBLISHING CORPORATION

Principal Place of Business

14 E. UNIVERSITY AVE
SUITE 206
GAINESVILLE FL 32601

Mailing Address

14 E. UNIVERSITY AVE
SUITE 206
GAINESVILLE FL 32601



3. Date Incorporated or Qualified
05/15/1992

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3132760

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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, TIMOTHY J.
14 E. UNIVERSITY AVE
SUITE 206
GAINESVILLE FL 32601

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

2/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change

☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WHITWORTH, COLIN
2102-A NW 7TH ST.
GAINESVILLE FL 32609

1.2 NAME

P
AMY PODOLSKY
911 NE 3RD AVE #1
GAINESVILLE FL 32601

TITLE ☐ DELETE

2.1 TITLE

☒ Change

☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PODOLSKY, MIKE
911 NE 3RD AVE. #1
GAINESVILLE FL 32601

2.2 NAME

V/D
TIMOTHY HILL
911 NE 3RD AVE. #1
GAINESVILLE FL 32601

TITLE ☐ DELETE

2.4 CITY-ST-ZIP

☒ Change

☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HILL, TIMOTHY
911 NE 3RD AVE. #1
GAINESVILLE FL 32601

3.1 TITLE

D
COLIN WHITWORTH
2102-A NW 7TH ST.
GAINESVILLE FL 32609

TITLE ☒ DELETE

4.1 TITLE

☒ Change

☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
S
KEMP, MICHAEL D
1521 NW 7TH AVE
GAINESVILLE FL 32603

4.2 NAME

D
MIKE PODOLSKY
911 NE 3RD AVE #1
GAINESVILLE, FL 32601

TITLE ☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
D
GROSS, AMY
911 NE 3RD AVE. #1
GAINESVILLE FL 32601

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

600001905195

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME

-07/26/96--01011--023

6.3 STREET ADDRESS

***61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Colin Whitworth

1-31-96

352-377-5871

Date

Daytime Phone #

CR2E037 (12/95)