FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

[stamp:] APPROVED ... FILED ... MAY -1 AM 8:53 ... SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001006 (6)**

1. Corporate Name

LAKELAND PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
4406 S. FLORIDA AVE. STE. 17 LAKELAND FL 33813-2182 US	4406 S. FLORIDA AVE STE. 17 LAKELAND FL 33813-2182 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1990	3a. Date of Last Report: 07/22/1994
4. FEI Number: 59-3127495	☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 4404 S. FLORIDA AVE	2a. Mailing Address: 26 4404 S. FLORIDA AVE
Suite, Apt. #, etc.: 22 STE. 2	Suite, Apt. #, etc.: 27 STE. 2
City & State: 23 LAKELAND, FL	City & State: 28 LAKELAND FL
Zip: 24 33813-2182 Country: 25 US	Zip: 29 33813-2182 Country: 30 US

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CLARK, RONALD L
4740 CLEVELAND HEIGHTS BLVD.
LAKELAND FL 33813

10. Name and Address of New Registered Agent

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 title if applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WIGGS, R. HOWARD
STREET ADDRESS	4406 S. FLORIDA AVE
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	SD
NAME	DOCKERY, PAULA
STREET ADDRESS	P.O. BOX 2646 N/A
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	D
NAME	WIGGS, LINDA BAGLEY .
STREET ADDRESS	4406 SOUTH FLORIDA AVENUE
CITY-ST-ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	PTD	☐ Change ☐ Addition
1 2 NAME	WIGGS, R. HOWARD	
1 3 STREET ADDRESS	4404 S. FLORIDA AVE	
1 4 CITY-ST-ZIP	LAKELAND FL 33813	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE	D	☐ Change ☐ Addition
3 2 NAME	WIGGS, LINDA BAGLEY	
3 3 STREET ADDRESS	4404 S. FLORIDA AVE	
3 4 CITY-ST-ZIP	LAKELAND FL 33813	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
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 is voluntarily furnished and 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: [signature] Lind Wiggs ✓ 4/27/95 813-646-4444
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

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