

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 # N95000005148 (0)

1. Corporation Name

MADD FLAVA PRODUCTION, INC.



Principal Place of Business

Mailing Address

821 VICTORIA STREET
JACKSONVILLE FL 32206

821 VICTORIA STREET
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified
11/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 821 Victoria St

26 821 Victoria St.

4. FEI Number
59-3342041

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 JACKSONVILLE, FLA.

27 JACKSONVILLE, FLA.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 32206

28 JAX, FLA.

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32206

29 32206

30 U.S.

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

WHITE, WILLIAM L
821 VICTORIA STREET
JACKSONVILLE FL 32206

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 *William Lamar White* *William Lamar White* 1-30-96

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 ☒ DELETE

NAME WHITE, WILLIAM L
STREET ADDRESS 821 VICTORIA STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE STD ☒ DELETE

NAME WHITE, BELINDA
STREET ADDRESS 821 VICTORIA STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE D ☒ DELETE

NAME WHITE, WILLONA
STREET ADDRESS 821 VICTORIA STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 of the corporation; and that I am authorized 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: *William L. White* *William L. White* 1-30-96 904(632-1300)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

SECRETARY

Date

Daytime Phone

CR2E037 (12/95)