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Apr 28 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000005342 (8)

1. Corporation Name

JUBILANT PRODUCTIONS, INC.

Principal Place of Business

2909 BYINGTON CIRCLE
TALLAHASSEE FL 32303

Mailing Address

PO BOX 3491
TALLAHASSEE FL 32303

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

COLSTON, DELORES A
2909 BYINGTON CIRCLE
TALLAHASSEE FL 32303

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/17/1996

4. FEI Number 59-3392869

APPLIED FOR

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 S ☒ DELETE

NAME HIGHTOWER, BETTY
STREET ADDRESS 1415 D. WILLOWBEND WAY
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE TD ☐ DELETE

NAME HARRIS, MATHE'
STREET ADDRESS 1031 W. DELAWARE STREET
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE PD ☒ DELETE

NAME BURTON, BRENT
STREET ADDRESS 1630 BALKIN ROAD
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE CMVD ☐ DELETE

NAME COLSTON, DELORES
STREET ADDRESS 2909 BYINGTON CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32303

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 P/S/D ☒ Change ☐ Addition

1.2 NAME GRACIE PENTON
1.3 STREET ADDRESS ROUTE 1 BOX 3108
1.4 CITY-ST-ZIP HAVANA FL 32333-9732

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE M ☒ Change ☐ Addition

3.2 NAME MONROE BENNETT
3.3 STREET ADDRESS ROUTE 4 BOX 2108 A
3.4 CITY-ST-ZIP HAVANA FL 32333

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 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: Delores Colston

4/19/98 8596489-14371

CR2037 (10/97)