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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005342

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 8343 YELLOW LANE

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/17/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3392869

Applied For

Not Applicable

City & State

23 TALLAHASSEE FL

City & State

28

Zip

Country

24 32311

25 LEON

Zip

Country

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLSTON, DELORES A
2909 BYINGTON CIRCLE
TALLAHASSEE FL 32303**

81 Name

COLSTON, DELORES A

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

8343 YELLOW LANE

83

84 City **TALLAHASSEE**

FL

85 Zip Code

32311

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PSD
PENTON, GRACIE
ROUTE 1 BOX 3108
HAVANA FL 32333-9732**

1.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

**TD
HARRIS, MATHE'
1031 W. DELAWARE STREET
TALLAHASSEE FL 32310**

2.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

**M
BENNETT, MONROE
ROUTE 1 BOX 2108 A
HAVANA FL 32333**

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

**CMVD
COLSTON, DELORES
2909 BYINGTON CIRCLE
TALLAHASSEE FL 32303**

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: **DeLora Colston**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

850/414-2561

Daytime Phone #

CR2E037 (11/98)