

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P02861 (3)

1. Corporation Name

SHUGART STUDIOS, INC.



Principal Place of Business

%BUFORD DUFF, C.P.A.  
808 COLLEGE AVE.  
LEVELLAND TX 79336

Mailing Address

%BUFORD DUFF, C.P.A.  
808 COLLEGE AVE.  
LEVELLAND TX 79336

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

3. Date Incorporated or Qualified

07/30/1984

3a. Date of Last Report

02/08/1995

4. FEI Number

75-1234228

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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.

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME BUTLER, VIC  
STREET ADDRESS 4403 77TH STREET  
CITY-ST-ZIP LUBBOCK TX

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME SHUGART, MARY LEE  
STREET ADDRESS 812 COLLEGE AVENUE  
CITY-ST-ZIP LEVELLAND TX

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME SHUGART, JACKIE  
STREET ADDRESS 812 COLLEGE AVENUE  
CITY-ST-ZIP LEVELLAND TX

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME BAKER, NORTON (ASST.)  
STREET ADDRESS 2112 INDIANA  
CITY-ST-ZIP LUBBOCK TX

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME MCDONNELL, THAD  
STREET ADDRESS 203 TANGLEWOOD  
CITY-ST-ZIP LEVELLAND TX

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition

NAME SHUGART, EDWARD  
STREET ADDRESS 812 COLLEGE AVE.  
CITY-ST-ZIP LEVELLAND TX

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)(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 607, 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

4/26/96 806-894-4322  
Daytime Phone #

CR2E034 (12/95)