

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 28 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000012546 (6)

1. Corporation Name
FRONTIER FILMS, INC.

Principal Place of Business Mailing Address
**22059 US HWY 19 N
CLEARWATER FL 34625** **22059 US HWY 19 N
CLEARWATER FL 34625**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
02/18/1993 **05/01/1994**

4. FEI Number Applied For
59-3170617 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**

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

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

**VOORHIS, DAMON VAN
22059 U.S. 19 NORTH
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81 Name **VAN VOORHIS, DAMON**

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]* DATE: _____

(Type name, typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|--|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLYNN, SEAN | 1.2 NAME | |
| STREET ADDRESS | 22059 US HWY 19 N | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL 34625 | 1.4 CITY - ST - ZIP | |
| TITLE | V | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VOORHIS, DAMON V | 2.2 NAME | VAN VOORHIS, DAMON |
| STREET ADDRESS | 22059 US HWY 19 N | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL 34625 | 2.4 CITY - ST - ZIP | |
| TITLE | S | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCMINN, PAUL | 3.2 NAME | MCMINN, PAUL |
| STREET ADDRESS | 22059 US HWY 19 N | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL 34625 | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (City/State/Zip)