

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 # P93000052311 (6)

1. Corporation Name

FLORIDA VIDEO XPRESS, INC.



Principal Place of Business

9319 S ORANGE BLOSSOM TRAIL  
ORLANDO FL

Mailing Address

9319 S ORANGE BLOSSOM TRAIL  
ORLANDO FL

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
07/26/1993

3a. Date of Last Report  
02/13/1995

4. FEI Number  
59-3194097

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

9. Name and Address of Current Registered Agent

PHILPOT, JIMMY  
9319 S ORANGE BLOSSOM TRAIL  
ORLANDO FL

10. Name and Address of New Registered Agent

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Jimmy Philpot* JIMMY PHILPOT PRESIDENT

3-10-96

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
2. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
3. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
4. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
5. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
6. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP  
2. 1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP  
3. 1. TITLE ☐ Change ☐ Addition  
3. NAME  
4. STREET ADDRESS  
5. CITY - ST - ZIP  
4. 1. TITLE ☐ Change ☐ Addition  
4. NAME  
5. STREET ADDRESS  
6. CITY - ST - ZIP  
5. 1. TITLE ☐ Change ☐ Addition  
5. NAME  
6. STREET ADDRESS  
7. CITY - ST - ZIP  
6. 1. TITLE ☐ Change ☐ Addition  
6. NAME  
7. STREET ADDRESS  
8. 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:

*Jimmy Philpot* JIMMY PHILPOT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-96

DATE

907-240 0049

Daytime Phone #

CR2E034 (12/95)