

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000058954 (7)**

1. Corporation Name

TOT SHOT STUDIOS, INC.



Principal Place of Business

**1250 MCDUFF AVENUE
JACKSONVILLE FL 32205**

Mailing Address

**1250 MCDUFF AVENUE
JACKSONVILLE FL 32205**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

9. Name and Address of Current Registered Agent

**THOMPSON, DONNA D
3684 MANDARIN WOODS DRIVE
JACKSONVILLE FL 32223**

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3161540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

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 for Corporation: *[Signature]* Date: *[Date]*

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PDS
TOMPSON, DONNA D**
STREET ADDRESS **3684 MANDARIN WOODS DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **VTD
TOMPSON, CHARLES D**
STREET ADDRESS **3684 MANDARIN WOODS DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☒ Change ☐ Addition

12 NAME **PDS
THOMPSON, DONNA D**
13 STREET ADDRESS **1301 AVENUE AVE**
14 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

2.1 TITLE ☒ Change ☐ Addition

22 NAME **VTD
THOMPSON, CHARLES D.**
23 STREET ADDRESS **1301 AVENUE AVE**
24 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 199.07(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

[Signature]
Donna Thompson

5/01/96

(904) 338-8366

CR2E034 (12/95)