FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

02-19-1999 90130 025 ***150.00

FILED

Feb 19, 1999 8:00 am Secretary of State

1999

DOCUMENT#	P93000063557
Corporation Name	. 000000000

GAFFNEY PRODUCTIONS, INC.

Principal Place	e of Business		Ma	alling Address				┑ "		1180 11111 BRITT B			101 01111 1331 1031
6920 DAWNTRE	E CT		PO	BOX 740103									
LAKE WORTH FL 33467 BOYNTON BEACH FL 33474-0103													
US			US						DO NOT WRITE IN THIS SPACE				
										or Qualifed			
									7/1993				
2. Principal Pl	lace of Business		2a.	Mailing Address				4. FEI Nu					Applied For
21			26					65-04	14 <u>0020</u>			[] 1	Not Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				E Cortifor	ate of Statu	e Doctrod			Additional
22			27					5. Certific	ale of Statt	19 Desired	<u> </u>	Fee	Required
City & State	е			City & State				6. Election	n Campaig	n Financing	П	\$5.0	0 мау Ве
23			28					Trust F	und Contri	bution	L	Adde	d to Fees
Zip				Zip Country			8. This co	8. This corporation owes the current year Intangible					
24	25		29		30				Personal Property Tax.				□No
•	9. Name and	Address of Current	Regis	tered Agent				10. Name	and Addre	ss of New F	Registered A	Agent	
						81	Name			1			
	fney, Robert					82	C4 A A	(D.O. B	. Ni sanka a is	Not Assente	hta\		
6920) dawntree c	T				82	Street Add	iress (P.O. Box	(Number is	Not Accepta	ible)		
SUIT	ΈA					83	•••					-	
LAKE	E WORTH FL 3	3467											
						84	City				FL	85 Zij	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 prin	ted name of registered agent					signature require	ed when reinstating)		OFO TO OF	DATE	D DIDECT	FODG 11 42
12.	Р	OFFICERS AND	DIKE	□ DELETE	13			ADDITIC	JNS/CHAN	IGES TO OF	FICERS AN	☐ Change	
TITLE	•	ADEDT D		☐ DELETE	- 1	TITLE						Change	s
NAME	GAFFNEY, RO				1.2 1	NAME							
STREET ADDRESS	6920 DAWNT				1.3 \$	STREET	ADDRESS						
CITY-ST-ZIP	LAKE WORTH	I FL			1.4 (CITY-ST-	ZIP		-				
TITLE	VTS			□ DELETE	2.1 7	TITLE						Change	e 🔲 Addition
NAME	GAFFNEY, SU	JSAN G			2.21	AME		1 · 1					
STREET ADDRESS	6920 DAWNT	REE CT			2.3 5	STREET	ADORESS	,					
CITY-ST-ZIP	LAKE WORTH	l FL			2.4	CITY-ST	·ZIP						ļ
TITLE				☐ DELETE	_	TITLE						Chang	Addition
NAME					3.21	NAME	j						
STREET ADDRESS							ADORESS						1
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NAME						NAME		-		•			-
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STREET ADDRESS							ADDRESS				,		
CITY-ST-ZIP				□ DELETE		CITY-ST-	ZIP		· · · · · ·		•	Change	e ☐ Addition
TITLE						itle Vame					•	∟ Citang	
NAME													·
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					5.4 (CITY-ST-	ZiP			*			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 cath; 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

☐ DELETE

☐ Change

☐ Addition