SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000064857 (4)**

1. Corporation Name
SRS FAMILY ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
P.O. BOX 66 LECANTO FL 34460	P.O. BOX 66 LECANTO FL 34460

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/13/1993**
3a. Date of Last Report: **12/02/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **65-0515055** ☐ 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

RUSAW, TERESA A
5825 W. CINNAMON RIDGE DR.
HOMOSASSA FL 34448

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	11 TITLE	ST	☒ Change ☐ Addition
NAME	RUSAW, TERESA A	12 NAME	Rusaw, Teresa A.	
STREET ADDRESS	5825 W. CINNAMON RIDGE DR.	13 STREET ADDRESS	P.O. Box 66	
CITY-ST-ZIP	HOMOSASSA FL 34448	14 CITY-ST-ZIP	Lecanto, Fl. 34460	
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, GREGORY S	22 NAME		
STREET ADDRESS	6115 WEST CRAFT LN	23 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL 34448	24 CITY-ST-ZIP		
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	WEIAND, ROBERT B	32 NAME		
STREET ADDRESS	9462 WEST EDGAR EARL LOOP	33 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	RUSAW, REX A	42 NAME	Rusaw, Rex A	
STREET ADDRESS	5825 W. CINNAMON RIDGE DR.	43 STREET ADDRESS	PO Box 66	
CITY-ST-ZIP	HOMOSSASA FL 34448	44 CITY-ST-ZIP	Lecanto, Fl. 34460	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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 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: Teresa A Rusaw - ST 7-27-95 904. 785-0109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0166002 FP