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Jun 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000064857 (4)

1. Corporation Name
SRS FAMILY ENTERTAINMENT, INC.

Principal Place of Business

P.O. BOX 66 778
LECANTO FL 34460

Mailing Address

P.O. BOX 66 778
LECANTO FL 34460-0066



3. Date Incorporated or Qualified 09/13/1993
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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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

P.O. Box 778
LECANTO, FL
34460

10. Name and Address of New Registered Agent

81 Name GREGORY S JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable) 6115 W. CRAFT LN.
83
84 City HOMOSASSA, FL 85 Zip Code 34448

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 Gregory S Johnson - GREGORY S JOHNSON V.P. 5-26-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE ST ☐ DELETE

NAME RUSAW, TERESA A

STREET ADDRESS P O BOX 66 NA

CITY - ST - ZIP LECANTO FL

TITLE VP ☐ DELETE

NAME JOHNSON, GREGORY S

STREET ADDRESS 6115 WEST CRAFT LN

CITY - ST - ZIP HOMOSASSA FL 34448

TITLE P ☐ DELETE

NAME WEIAND, ROBERT B

STREET ADDRESS 9402 WEST EDGAR EARL LOOP

CITY - ST - ZIP CRYSTAL RIVER FL 34429

TITLE D ☐ DELETE

NAME RUSAW, REX A

STREET ADDRESS P O BOX 66 NA

CITY - ST - ZIP LECANTO F

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

11 TITLE ST ☐ Change ☐ Addition

12 NAME TERESA A RUSAW

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

\$165 BANK

14. I do hereby certify that the information supplied with this filing 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 Gregory S Johnson - GREGORY S JOHNSON V.P. 5-26-97

CR2E034 (9/96)