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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P93000065169 (3)

VIDEO DEPOT OF ORANGE PARK, INC.

VIDEO DEFOT OF CHARGE FAIRS INC.										
Principal Place of Business Mailing Address							<b>     </b>		1868 B1418 1811 1881	
1670 WELLS RD SUITE 111		1670 WELLS RD SUITE 111								
ORANGE PA	ARK FL 32073	ORANGE PARK FL 320	ORANGE PARK FL 320/3			3. Date Incorporated or Qualified		of Last R		
6 5 1 1 15		Do. Marine Address				09/16/1993 4. FEI Number		06/07/1	Applied For	
2. Principal Place of Business		28. Mailing Address	28. Mailing Address			59-3201094		$\rightarrow$	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	F-3		Additional	
22		27	27			5. Certificate of Status Desired		Fee	Required	
City & State		City & State	harman and a final control of the co			6. Election Campaign Financing			May Be	
23	Country	<b>28</b>	Countr			Trust Fund Contribution  8. This corporation has liability for in			d to Fees	
Zip 24	25		30	y		Florida Statutes Yes		r under s	199.032,	
<u></u> j	9. Name and Address of Cui					10. Name and Address of New Re	gistered /	Agent		
		47.11.11	8-	1 N	lame					
BEAUSOLEIL, RONALD R			8:	2 8	Street Addre	ress (P.O. Box Number is Not Acceptable)				
342 AL	IRIGA DRIVE		   B:	<u>.</u>						
ORANG	SE PARK FL 32073		6,	3						
			84	4 0	Dity		FL	85 Z	p Code	
11. Pursuant to	the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	, the above	narr	ned corpora	ation submits this statement for the purp	ose of cha	inging its i	registered office	
or registere familiar with	id agent, or both, in the State of F n, and accept the obligations of, S	Torida. Such change was authorized Section 607.0505, Florida Statutes.	I by the cor	pora	ation's board	d of directors. I hereby accept the appo	intrnent as	registered	agent. i am	
SIGNATURE										
	signature, typed or printed name of registered a			ent sig	gnature required	when reinstating: ADDITIONS/CHANGES TO OFFI	DATE OF ANIO	DIDECT	ODE IN 10	
12. TITLE		AND DIRECTORS	13. 1. 1 T!TLI		T	ADDITIONS/CHANGES TO OFFI		Change	Addition	
NAME	P Beausoleil, Ronald	_	1.2 NAMI				_			
STREET ADDRESS	342 AURIGA DR	n	13 STRE		DRESS					
CITY-ST-ZIP	ORANGE PARK FL 320	73	1.4 CITY							
TITLE	OTAMOL TAME TO VEV	☐ DELETE	2. 1 TITL					Change	Addition	
NAME			2.2 NAMI	E						
STREET ADDRESS			2.3 STRE	ET ADI	DRESS					
CITY-ST-ZIP		Prince Control	2.4 CITY		ZIP			7 600000	Addition	
TITLE		DELETE	3 1 TITL				L	Change	☐ Addition	
NAME			3.2 NAM		abnece .					
STREET ADDRESS			3.3. STRI 3.4 C/TY		- 1					
City-St-2iP Title			4 1 1171					Change	Addition	
NAME			4 2 NAM	E						
STREET ADDRESS			4.3 STRE	ET AD	DRESS					
CITY-ST-ZIP			4.4 CITY	- ST- 2	ZIP				- <del> </del>	
TITLE		DELETE	5 1 TITL				[	Change	Addition	
NAME			5.2 NAM							
STREET ADDRESS			5.3 STRE		i					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6 1 TITL		ZIF'			Change	Addition	
NAME			6.2 NAM				_			
STREET ADDRESS			63 STRE		DORESS					
CITY - ST - ZIP			64 CITY	- \$1 - 2	ZIP					
14. I do hereb						or the exemption stated in Section 119. te and that my signature shall have the				
oath; that	l am an officer or director of the o	corporation or the receiver or trustee	empowere	o to	execute this	s report as required by Chapter 607, Flo	orida Statut	es; and th	nat my name	
appears in	BIOCK 12 OF BIOCK 13 J. CDANGEO	, or onem anachment syn an addre	. <i>[</i>	2	di	residen	191	- 6	276-0537	
SIGNAT	URE: Sonal	OM. Claus	ote	Ί.	110	resident (5/10)	14	) 	ran i i i i i i i i i i i i i i i i i i i	
1	SYGNATURE AND TYP	ED OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTO	H		Alele		Dayt-me Phone	ë P	