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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065169 (3)

FILED
May 29 1998 8:00am
Secretary of State

VIDEO	DEPOT OF ORANGE PARK,	INC.			
Principal Place	n of Business	Mailing Address	······································		\$!!(\$  \$ \$36  \E18 \$ \!\\$  \$ \  \$
1670 WELLS RD SUITE 111 ORANGE PARK FL 32073		1670 WELLS RD SUITE 111 ORANGE PARK FL 32073		DO NOT WRITE IN THIS SPACE	
CHARGE FAR	R FE DEUTO	ORNHOE FRING PE 3207	,	3. Date Incorporated or Qualified	
1				09/16/1993	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1586 Wells Rd stells Suite, Apt. #, etc.		[26]		59-3201094	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #, etc. 22 Orange Park Fl		27		<b>5.</b> Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the	current year Intangible
24 320	073 25 Clav	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Gurrent	Registered Agent		10. Name and Address of New Registers	ed Agent
BE/	lusoleil, ronald r		81 Name		
CAS ALIDIOA DOLET			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	ANGE PARK FL 32073		OF SHOOT FIGURE	oreas (1.0. box regimbor is not receptable)	
]			83		
			24 0		11 0-4-
i			84 City	F	65 Zip Code
SIGNATURE	Signature, typical or printed narroe of regulaced agent	and title if applicable (NO	l E. Rogistered Agent signature requ		:
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P PONTER PONTER P	☐ DELETE	11 TITLE	•	☐ Change ☐ Addition
NAME	BEAUSOLEIL, RONALD R		12 NAME		
STREET ADDRESS	342 AURIGA DR		1.3 STREET ADDRESS		
CITY-S1-ZIP	ORANGE PARK FL 32073	DELETE	1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2 4 CITY - ST- ZIP		
TITLE		L] DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		I
CITY-ST-ZIP		DELETE	3.4. CHY-S1-ZIP		Change
TITLE		☐ N£TEIF	4.1 TITLE		Change  Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP		DELETE	4.4 CITY - S1 - ZIP		Change Address
TITLE		[_] DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - S1 - ZIP		Change Addition
TITLE		ר"ו מנרבוד	6.1 TITLE	<b>90000095</b> 417	Change Addition
NAME			6.2 NAME	8000025417 -06/01/9801018	
STREET ADDRESS			6.3 STREET ADDRESS	~~~***********************************	non / <b>////</b>
CITY-ST-ZIP	ortification interpretate manufacturity	This Olive stop and so all 14	6 4 City - St - ZiP	***150.00	could that the information

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 informatio indicated on this annual report or suppliemental 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 this corporation or the receiver or frustee 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 out attachment with an address.

CIGNATURE.

Tomelola / Blace Cel

04/15/98 264-9306