FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000066183 (3)**

1. Corporation Name:
HIGH 5 PRODUCTIONS, INC.

Principal Place of Business:
5213 3RD STREET
ZEPHYRHILLS FL 33541

Mailing Address:
POST OFFICE BOX 490
ZEPHYRHILLS FL 33539-1490
US

3. Date Incorporated or Qualified: **09/17/1993**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: **65-0444002** ☐ 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

LEMCKE, GEORGIA H
5213 3RD STREET
ZEPHYRHILLS FL 33541

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 Section(s) 607.0505 and 607.1505, 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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	**PD** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**LEMCKE, GEORGIA H**	1.2 NAME	
STREET ADDRESS	**5213 3RD STREET**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**ZEPHYRHILLS FL**	1.4 CITY-ST-ZIP	
TITLE	**VSD** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**LEMCKE, RAYMOND E.**	2.2 NAME	
STREET ADDRESS	**5213 3RD STREET**	2.3 STREET ADDRESS	
CITY-ST-ZIP	**ZEPHYRHILLS FL**	2.4 CITY-ST-ZIP	
TITLE	**TD** ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	**BOEDECKER, RAYNA N.**	3.2 NAME	
STREET ADDRESS	**4551 ESTUARY PLACE**	3.3 STREET ADDRESS	5640 Belleza Dr.
CITY-ST-ZIP	**LAND O'LAKES FL**	3.4 CITY-ST-ZIP	Holiday, FL 34690
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete and current; 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 added to the report with an address.

SIGNATURE: Georgia H. Lemcke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96
Date

(813)788-6837
Daytime Phone #