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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	996 DIVISION OF CORPORATIONS]					
DOCUM 1, Corporation N	1ENT #	P9300	00066435	(7)			ĩ.·				
THRU	PRODUCTIONS	, INC.						 	ENI ABNI BANG BRAS A	issi elete init	a i a ik i aa k
Principal Place o	of Business		Mailing Address								
•											
1647 23 STREET SARASOTA FL 34234			1647 23 STREET SARASOTA FL 34234								
								3. Date Incorporated or Qualified	3a. Date of L	ast Report	
								09/23/1993	05/0	1/1995	
2. Principal Place of Business			2a. Mailing Address				4, FEI Number		Applied		
Suite, Apt. #,	olo		Suite, Apt. #, etc					65-0443777	<u> </u>		pplicable
22	etc.		27	٠.				5. Certificate of Status Desired	1 1	Fee Requir	
City & State			City & State					6. Election Campaign Financing	_[] \$	5.00 ма	y Be
23			28	·				Trust Fund Contribution		Added to F	
Zip	Count	ry	Zip	30	Country	,		8. This corporation has liability for Florida Statutes	intangible tax und s=[]No	ders 199.0	ХЗ2,
24	9 Name and Addr	ess of Currer	29 nt Registered Agent	30				10. Name and Address of New I		t	
	<u> </u>				81	Nam	ne ne				
BACON, FRED L					82	Stro	ot Aridra	ss (P.O. Box Number is Not Acceptable)			
1647 23 STREET											
	OTA FL 34234				83						
					84	City			85	Zip Cod	 le
		V 007.0500	007 4500 Flyddy 0	4-1-4				tion a back this statement for the a-	FL	l to recipto	vod offen
or registered	the provisions of Sec d agent, or both, in th	e State of Flori	z and 607.1508, Florida S da. Such change was aut	tatutes, th horized by	e above- / the corp	named poration	n's board	tion submits this statement for the pull of directors. I hereby accept the app	pointment as regis	jits registe itered agen	it. I am
	i, and accept the oblig	ations of, Sect	tion 607.0505, Florida Sta	tutes.							
SIGNATURE	gnature, typed or printed nam	e of registered agen	I and trie if applicable.	(NOTE RU	gistered Age	nt signati,	re requed	when reinstaling)	DATE		
12.		OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OF	- 		
TITLE	D		☐ DELETE		1. 1 TITLE				☐ Cn	ange 🔲	Addition
NAME	BACON, FRED				1.2 NAME						
STREET ADDRESS	1647 23 STRE				1.3 STREE		SS				
CITY-ST-ZIP TITLE	SARASOTA FL	34234	☐ DELETE		1.4 CITY-: 2 1 TITLE	ST-ZIP			[] Ch	anne 🗆	Addition
NAME			<u> Бисси</u>		2 2 NAME					ango [_]	.,001.011
STREET AUDRESS					2.3 STREE	T ADDRES	ss				
C-TY-ST-Z-P					2 4 C(TY-						
TITLE			DELETI:		3 1 TITLE				☐ Ch	ange 🔲	Addition
NAME					3.2 NAME						
STREET ADDRESS					3 3. STREE	T ADDRE	SS				
CITY-ST-ZIP			FINEST		3 4 CHTY -				r 0.	2000	Addition
TITLE			☐ DELETE		4. 1 TITLE				<u> </u>	анус []	Addition
NAME CINCLI ADDRESS					4.2 NAME 4.3 STREE		ce				
STREET ADDRESS CITY-ST-ZIP					4.3 STREE		33				
TITLE			DELETE	· - · · · ·	5 1 TITLE				Ch	iange 🔲	Addition
NAME					52 NAME						
STREET ADDRESS					53 STREE	T ADDRES	ss				

14. I do hereby certify that the information supplied with this filing is voluntarly furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - SI - ZIP

TOLE

NAME

GNATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

421-95 Dete

Daytime Phone #

☐ Change ☐ Addition