FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:05

DOCUMENT # **P93000066777 (2)**

1. Corporation Name

TAKE ONE, SCENE ONE, INC.

Principal Place of Business	Mailing Address
6908 THOMAS DRIVE PANAMA CITY BEACH FL 32408 US	7151 W. HWY 98 SUITE 280 PANAMA CITY BEACH FL 32407 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1993
3a. Date of Last Report: 07/26/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 6908 Thomas Drive
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: Panama City Beach FL
Zip — 24:
Country — 25:
Zip — 29: 32408
Country — 30: Bay

4. FEI Number: 59-3206760 ☐ 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 § 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BYRD, WYNTER C.S. 528 BUNKERS COVE PANAMA CITY BEACH FL 32401	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 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 _____ DATE
(Corporation Typed or Printed Name of Registered Agent) (New Registered Agent Signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BYRD, WYNTER C.S.	12 NAME	
STREET ADDRESS	528 BUNKER COVE	13 STREET ADDRESS	
CITY ST ZIP	PANAMA CITY BEACH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	GOAD, SONJA T.	22 NAME	Brannan, Jayne E.
STREET ADDRESS	6908 THOMAS DR.	23 STREET ADDRESS	8011 South Lagoon Drive
CITY ST ZIP	PANAMA CITY BEACH FL	24 CITY ST ZIP	Panama City Beach, FL 32408
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily 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 on an attachment with an address.

SIGNATURE: Wynter CS Byrd 5/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0651320 CP