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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # P94000007833 (4)

FRONTIER VIDEO DISTRIBUTORS, INC.

**200001471702
-05/02/95--01148--017
****200.00 ****200.00**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 22059 US HWY 19 N
CLEARWATER FL 34625

Principal Address: 22059 US HWY 19 N
CLEARWATER FL 34625

2. Principal Place of Business:	2a. Mailing Address:
21. State: FL	26. State: FL
22. City: Clearwater	27. City: Clearwater
23. Zip: 34625	28. Zip: 34625
24. Country: USA	30. Country: USA

3. Date incorporated or qualified:	3a. Date of Last Report:
01/24/1994	
4. FEI Number:	Applied For:
59-3221830	Not Applicable
5. Certificate of Status Desired:	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing:	\$5.00 May Be Added to Fees
Trust Fund Contribution	
☐	
8. This corporation has liability for intangible tax under S. 189.03(1), Florida Statutes:	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLYNN, SEAN
22059 US HWY 19 N
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81. Name:

82. Street Address (P.O. Box Number is Not Acceptable):

83.

84. City:

85. Zip Code:

11. Pursuant to the provisions of Sections 607.04(1) and 607.12(1) 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 authorized to accept the appointment of Section 607.12(1)(b), Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME:	D	NAME:	☐ Change ☐ Addition
ADDRESS:	VAN VOORHIS, DAMON	NAME:	
CITY:	2988 PINWOOD RUN	NAME:	
STATE:	PALM HARBOR FL 34684	NAME:	
NAME:	D	NAME:	☐ Change ☐ Addition
ADDRESS:	FLYNN, SEAN	NAME:	
CITY:	1120 KENWOOD DR	NAME:	
STATE:	DUNEDIN FL 34698	NAME:	
NAME:		NAME:	☐ Change ☐ Addition
ADDRESS:		NAME:	
CITY:		NAME:	
STATE:		NAME:	☐ Change ☐ Addition
NAME:		NAME:	
ADDRESS:		NAME:	
CITY:		NAME:	☐ Change ☐ Addition
STATE:		NAME:	
NAME:		NAME:	
ADDRESS:		NAME:	
CITY:		NAME:	☐ Change ☐ Addition
STATE:		NAME:	
NAME:		NAME:	
ADDRESS:		NAME:	
CITY:		NAME:	☐ Change ☐ Addition
STATE:		NAME:	

14. I, the undersigned, certify that the information submitted with this filing is substantially true and correct and that the corporation is in good standing for the purposes stated in the first paragraph of the Florida Statutes. I further certify that the information submitted is the original report or supplemental annual report of the corporation and that the corporation shall have the same report offer to all members and to all creditors of the corporation. I am authorized to accept the appointment of Section 607.12(1)(b), Florida Statutes, and that my name appears on Block 1 of the corporation's annual report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR