

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 # P94000015829 (2)

1. Corporation Name

R.J. GOODRIDGE FILM & VIDEO, INC.



Principal Place of Business

Mailing Address

1936 DERBY TRAIL
WELLINGTON FL 33414
US

1936 DERBY TRAIL
WELLINGTON FL 33414
US

2. Principal Place of Business

2a. Mailing Address

21 2320 TREASURE ISLE DR.

26 P.O. BOX 30755

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 68

27

City & State

City & State

23 PALM BEACH GARDENS, FL

28 PALM BEACH GARDENS, FL

Zip

Country

24 33410

25 USA

29 33420

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/28/1994

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0474513

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

GOODRIDGE, ROBERT J JR.
1123-A HYACINTH PL.
WELLINGTON FL 33414

81 Name

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

2320 TREASURE ISLE DRIVE #68

83

84 City

PALM BEACH GARDENS

FL

85 Zip Code

33410

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME GOODRIDGE, ROBERT J JR.
STREET ADDRESS 1123-A HYACINTH PL.
CITY-ST-ZIP WELLINGTON FL 33414

TITLE VSD ☐ DELETE
NAME GOODRIDGE, KATHRYN L
STREET ADDRESS 1123-A HYACINTH PL.
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2320 TREASURE ISLE DRIVE #68
1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2320 TREASURE ISLE DRIVE #68
2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 this corporation or the registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. GOODRIDGE JR. 4/25/96

Date

Daytime Phone #

CR2E034 (12/95)