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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

2320 TREASURE ISLE DR
#68
PBG FL 33410
US

Mailing Address

PO BOX 30755
PBG FL 33420-0755
US

3. Date Incorporated or Qualified 02/28/1994
3a. Date of Last Report 05/01/1996

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

2. Principal Place of Business

21 100 WEEPING ELM LANE

Suite, Apt. #, etc.

22

City & State

23 LONGWOOD FL

Zip

24 32779

Country

25 SEMINOLE

2a. Mailing Address

26 100 WEEPING ELM LANE

Suite, Apt. #, etc.

27

City & State

28 LONGWOOD FL

Zip

29 32779

Country

30 SEMINOLE

9. Name and Address of Current Registered Agent

GOODRIDGE, ROBERT J JR.
2320 TREASURE ISLE DR, #68
PBG FL 33410

10. Name and Address of New Registered Agent

81 Name

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

83 100 WEEPING ELM LANE

84

City

LONGWOOD

FL

85 Zip Code

32779

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

ROBERT J. GOODRIDGE JR.

4/28/97

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME GOODRIDGE, ROBERT J JR.
STREET ADDRESS 2320 TREASURE ISLE DR, #68
CITY-ST-ZIP PBG FL

TITLE VSD ☐ DELETE

NAME GOODRIDGE, KATHRYN L
STREET ADDRESS 2320 TREASURE ISLE DR, #68
CITY-ST-ZIP PBG FL

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 by an attachment with an address.

SIGNATURE

ROBERT J. GOODRIDGE JR.

4/28/97 (407) 776-7573

CR2E034 (9/96)