

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000019186 (3)**

1. Corporation Name

C.P. SOUTHERN OUTDOOR PRODUCTIONS, INC.



Principal Place of Business: **1409 ART CENTER AVE. NEW SMYRNA BEACH FL 32168**
Mailing Address: **1409 ART CENTER AVE. NEW SMYRNA BEACH FL 32168**

3. Date Incorporated or Qualified: **03/07/1994** 3a. Date of Last Report: **05/01/1995**
4. FLI Number: **59-3236238** 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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**CLAVET, STANLEY A
1409 ART CENTER AVE.
NEW SMYRNA BEACH FL 32168**

10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85
FL Zip Code

11. Pursuant to the provisions of Sections 607.0107 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 607.0108, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAVET, STANLEY A	1.2 NAME	
STREET ADDRESS	1409 ART CENTER AVE.	1.3 STREET ADDRESS	
CITY- ST- ZIP	NEW SMYRNA BEACH FL 32168	1.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAVET, DONNA L	2.2 NAME	
STREET ADDRESS	1409 ART CENTER AVE.	2.3 STREET ADDRESS	
CITY- ST- ZIP	NEW SMYRNA BEACH FL 32168	2.4 CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILES, LEO A	3.2 NAME	
STREET ADDRESS	4384 W. INDIAN RIVER DR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	EDGEWATER FL 32141	3.4 CITY- ST- ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILES, AUDREY M	4.2 NAME	PRICE, BRENT P
STREET ADDRESS	4384 W. INDIAN RIVER DR.	4.3 STREET ADDRESS	225 Brittany
CITY- ST- ZIP	EDGEWATER FL 32141	4.4 CITY- ST- ZIP	Daytona Beach, FL 32119
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 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: Stanley A. Clavet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stanley A. Clavet

1/1/96 Date
904-428-8208 Telephone Number

CR2E034 (12/95)