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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000027262 (2)**

1. Corporation Name

JIM SHIRLEY PRODUCTIONS, INC.



Principal Place of Business

**120 VISTA OAK DR.
LONGWOOD FL 32779**

Mailing Address

**120 VISTA OAK DR.
LONGWOOD FL 32779**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

32860-7832

9. Name and Address of Current Registered Agent

**SHIRLEY, JAMES L
120 VISTA OAK DR.
LONGWOOD FL 32779**

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 607.06(2) and 607.10(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 familiar with, and accept the obligations of, Section 607.06(2), Florida Statutes.

SIGNATURE

Signature of person filing this report (if not the registered agent)

Signature of Registered Agent (if not the person filing this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SHIRLEY, JAMES L	
STREET ADDRESS	120 VISTA OAK DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
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	☐ Change ☐ Addition
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY-ST-ZIP	
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. 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 is supplemental material 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, that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as charged, or on a change form, and with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

407-896-3030

CR2E034 (12/95)