

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000032780 (6)**

1. Corporation Name

B.D.'S PRODUCTIONS, INC.

APPROVED
AND
FILED

25 JUN 19 4:11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**12 GLENDALE DR
KISSIMMEE FL 34774**

Mailing Address

**12 GLENDALE DR
KISSIMMEE FL 34774**

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. # (etc.)

State Apt. # (etc.)

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**KELLEY, GARLA
2767 W STATE ROAD 434
LONGWOOD FL 32779**

3. Date Incorporated or Qualified

04/28/1994

3a. Date of Last Report

02/16/1995

4. FEI Number

59-3240542

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

10. Name and Address of New Registered Agent

81 Name

0000001707630

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

02406/35-01063-024

83

******200.00 ****200.00**

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.15(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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 607.01(2)(b), Florida Statutes.

SIGNATURE

Signature of individual or corporation existing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ DELETE **D FRANKHOUSER, FRANCIS**
2. STREET ADDRESS **12 GLENDALE DR**
3. CITY, STATE, ZIP **KISSIMMEE FL 34744**
4. NAME ☐ DELETE
5. STREET ADDRESS
6. CITY, STATE, ZIP
7. NAME ☐ DELETE
8. STREET ADDRESS
9. CITY, STATE, ZIP
10. NAME ☐ DELETE
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. NAME ☐ DELETE
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. NAME ☐ DELETE
17. STREET ADDRESS
18. CITY, STATE, ZIP
19. NAME ☐ DELETE
20. STREET ADDRESS
21. CITY, STATE, ZIP

1. NAME ☐ Change ☐ Addition
2. NAME ☐ Change ☐ Addition
3. NAME ☐ Change ☐ Addition
4. NAME ☐ Change ☐ Addition
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19. NAME ☐ Change ☐ Addition
20. NAME ☐ Change ☐ Addition
21. NAME ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(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 approval.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

DATE

DATE OF FILING

CR2E034 (12/95)