

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 # P94000042302 (7)

1. Corporation Name

TRI-COUNTY FILM SERVICES, INC.



Principal Place of Business

5591 MICCOSUKEE ROAD  
TALLAHASSEE FL 32302

Mailing Address

P.O. BOX 228  
TALLAHASSEE FL 32302

3. Date Incorporated or Qualified

06/06/1994

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3251923

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREWSTER, JAMES R  
THE WALKER BUILDING, SUITE 203  
547 N MONROE STREET  
TALLAHASSEE FL 32301

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 607.0502 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 state if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1. NAME  
CLARK, CYNTHIA  
2. STREET ADDRESS  
5591 MICCOSUKEE ROAD  
3. CITY - ST - ZIP  
TALLAHASSEE FL 32302

☐ DELETE

4. NAME  
5. STREET ADDRESS  
6. CITY - ST - ZIP

☐ DELETE

7. NAME  
8. STREET ADDRESS  
9. CITY - ST - ZIP

☐ DELETE

10. NAME  
11. STREET ADDRESS  
12. CITY - ST - ZIP

☐ DELETE

13. NAME  
14. STREET ADDRESS  
15. CITY - ST - ZIP

☐ DELETE

16. NAME  
17. STREET ADDRESS  
18. CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)