

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000069357 (9)

1. Corporation Name

FALLEN BRICK RECORDS, INC.



Principal Place of Business

Mailing Address

1918 NW 11TH ROAD
GAINESVILLE FL 32605-5326

P.O. BOX 14845
GAINESVILLE FL 32604-4845

3. Date Incorporated or Qualified

09/19/1994

3a. Date of Last Report

09/06/1995

2. Principal Place of Business

2a. Mailing Address

21 24103 NW 126th Lane

26 24103 NW 126th Lane

4. FEI Number

65-0522780

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

23 City & State
Alachua, Florida

28 City & State
Alachua, Florida

24 Zip Country
32615-5144 USA

29 Zip Country
32615-5144 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASHCRAFT, WILLIAM E
2881 E OAKLAND PARK BLVD #300
FT LAUDERDALE FL 33306

81 Name Ashcraft, William E.

82 Street Address (P.O. Box Number is Not Acceptable)
2736 NE 19th Street

83

84 City Fort Lauderdale FL 85 Zip Code 33305

11. Pursuant to the provisions of Sections 607.0507 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.

(address change only)

SIGNATURE

Signature typed or printed in full of registered agent and filed if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PDT
ASHCRAFT, JOHN JR
1918 NW 11TH ROAD
GAINESVILLE FL 32605-5323

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
24103 NW 126th Lane
Alachua, Florida 32615-5144

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
ASHCRAFT, CATHERINE C
1918 NW 11TH RD
GAINESVILLE FL 32605

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
24103 NW 126th Lane
Alachua, Florida 32615-5144

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: John R. Ashcraft, Jr. 6/15/96

(352)392-2873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)