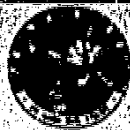


**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gandra B. Murrain
Secretary of State
DIVISION OF CORPORATIONS

95 JUL 14 AM 11:1
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000083593 (1)

1. Corporation Name

SWEETWATER PRODUCTIONS, INC.

Principal Place of Business

1701 DOYLE ROAD, SUITE C
DELTONA FL 32725

Mailing Address

1701 DOYLE ROAD, SUITE C
DELTONA FL 32725

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

N/A

4. FEI Number

59-3307545

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

6. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 685 STALLINGS AVE.

2a. Mailing Address

26 1701 DOYLE RD.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

DELTONA, FL.

28 City & State

DELTONA, FL.

24 Zip

32738

25 County

VOLUSIA

29 Zip

32725

30 County

VOLUSIA

9. Name and Address of Current Registered Agent

TRAWICK, LANE E
1701 DOYLE ROAD, SUITE C
DELTONA FL 32725

10. Name and Address of New Registered Agent

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

LANE E. TRAWICK

(Signature typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when re-registering)

7-10-95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

PRESIDENT
LANE E. TRAWICK
1701 DOYLE RD. SUITE C
DELTONA, FL 32725

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(b), 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)

LANE E. TRAWICK

(Signature typed or printed name of signing officer or director)

7-10-95

DATE

407-574-2134

(System Phone #)

CR2E034 (3/95)