

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000088078

1. Corporation Name

STUNT DYNAMICS, INC.

Principal Place of Business

**200 CUMBIE DRIVE
HAINES CITY FL 33844
US**

Mailing Address

**P.O. BOX 1108
HAINES CITY FL 33845
US**

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90094 021 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1994

4. FEI Number

59-3289592

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**ZIMMERMAN, JOHN
200 CUMBIE DRIVE
HAINES CITY FL 33844**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **ZIMMERMAN, JOHN**
CITY-ST-ZIP **200 CUMBIE DRIVE**
HAINES CITY FL

TITLE ☐ DELETE
NAME **VSD**
STREET ADDRESS **ZIMMERMAN, KIM**
CITY-ST-ZIP **200 CUMBIE DRIVE**
HAINES CITY FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CHURCHMAN, JAMES M.**
CITY-ST-ZIP **29510 STATE ROAD 19**
TAVARES FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **NICK, BRANDON**
CITY-ST-ZIP **423 ASHBOURNE DR**
ORLANDO FL 32830

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

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **JOHN ZIMMERMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 DEC 98

Date

941-421-2230

Daytime Phone #

CR2E034 (1/98)