

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092169 (9)

1. Corporation Name

KOKOMO PRODUCTIONS, INC.

Principal Place of Business

**16 AMARYLLIS DRIVE
KEY WEST FL 33040**

Mailing Address

**16 AMARYLLIS DRIVE
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/21/1994

3a. Date of Last Report

4. FEI Number

65-0542108

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**

9. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 3706 N. ROOSEVELT BLVD.

Suite, Apt. #, etc.

22 STE. A

City & State

23 KEY WEST, FL

Zip

24 33040

Country

25 USA

2a. Mailing Address

26 3706 N. ROOSEVELT BLVD.

Suite, Apt. #, etc.

27 STE. A

City & State

28 KEY WEST, FL

Zip

29 33040

Country

30 USA

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

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 **D**
NAME **BLAKE, OLIVER**
STREET ADDRESS **3706 N ROOSEVELT BLVD SUITE A**
CITY - ST - ZIP **KEY WEST FL 33040**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

P/D

16 AMARYLLIS DR.

☒ 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 110.07(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:

Oliver Blake

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

Title

(305) 296-6901

Telephone Number