FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED
[illegible]
95 MAY -1 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000094117 (6)**

1. Corporation Name

JAMES C. ARNOLD, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5395 S RIDGEWOOD AVE ALLANDALE FL 32127	5395 S RIDGEWOOD AVE ALLANDALE FL 32127

3. Date Incorporated or Qualified: **12/29/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite Apt. # etc. — 22:
Suite Apt. # etc. — 27:
City & State — 23:
City & State — 28:
24 25 29 30

4. FEI Number: **59-3288756** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
9. This corporation [illegible] Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARNOLD, JAMES C 5395 S RIDGEWOOD AVE ALLANDALE FL 32127	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 Section 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 [illegible]

12. OFFICERS AND DIRECTORS		13. [illegible]
TITLE	PVST	☐ Change ☐ Addition
NAME	ARNOLD, JAMES C	
STREET ADDRESS	5395 S RIDGEWOOD AVE	
CITY ST ZIP	ALLANDALE FL 32127	
TITLE	D	☐ Change ☐ Addition
NAME	ARNOLD, JAMES C	
STREET ADDRESS	5395 S RIDGEWOOD AVE	
CITY ST ZIP	ALLANDALE FL 32127	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I declare to certify that the information supplied with this filing is voluntarily furnished and 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 1, 2, or [illegible] if changed, or on an attachment with an address.

SIGNATURE: James C. Arnold PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-95
Date

904-761-6420
Daytime Phone #

0002648 FF

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

[illegible] PM 2:53

[illegible] TALLAHASSEE, FLORIDA

DOCUMENT # **P95000001250 (6)**

1. Current Name
ONE & ONLY PRODUCTIONS, INC.

Principal Place of Business
P O BOX 1142
ORANGE CITY FL 32763

Mailing Address
P O BOX 1142
ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/1994**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-3285787** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Disclosure Statement Required ☐ **$5.00** May Be Added to Fees
Zip (24) (29) County (25) (30)
8. This corporation has [illegible] intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WENNER, DENNIS
9319 TOBY LANE
ORLANDO FL 32817

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 [illegible] (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS		
11 TITLE	D	11 TITLE		☑ Change ☐ Addition
12 NAME	WENNER, DANNIS	12 NAME	WENNER, DENNIS	
13 STREET ADDRESS	9319 TOBY LANE	13 STREET ADDRESS		
14 CITY ST ZIP	ORLANDO FL 32817	14 CITY ST ZIP		
21 TITLE		21 TITLE	P	☐ Change ☑ Addition
22 NAME		22 NAME	WENNER, DENNIS	
23 STREET ADDRESS		23 STREET ADDRESS	9319 TOBY LANE	
24 CITY ST ZIP		24 CITY ST ZIP	ORLANDO, FL. 32817	
31 TITLE		31 TITLE		☐ Change ☐ Addition
32 NAME		32 NAME		
33 STREET ADDRESS		33 STREET ADDRESS		
34 CITY ST ZIP		34 CITY ST ZIP		
41 TITLE		41 TITLE		☐ Change ☐ Addition
42 NAME		42 NAME		
43 STREET ADDRESS		43 STREET ADDRESS		
44 CITY ST ZIP		44 CITY ST ZIP		
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY ST ZIP		54 CITY ST ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 with any changes or additions reflected on this report.

SIGNATURE: Dennis J. Wenner - DENNIS J. WENNER 5/1/95 (407) 657-5141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003126 FP