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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000011275 (1)

DREAD FOUNDATION PRODUCTION, CO.

Principal Place	e of Business	Mailing Address						
2915 N.W. 33 PLACE 2915 N.W. 33 PLACE GAINESVILLE FL 32805-2101								
					3. Date Incorporated or Qualif 02/06/1995		ate of Last Re /25/1996	eport
— <u>-</u> 1	lace of Business	2a. Mailing Address	-		4. FEI Number		<del></del>	plied For
Suite, Apt.	# ate	26   Suite, Apt. #, etc.			59-3317016		\$8.75 A	t Applicable
22		27			5. Certificate of Status Desired	ı 🗀	Fee Re	
City & Stat	()	City & State				,ð	\$5.00	May Be
23		28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country	'	8. This corporation has liability		e tax under s. No	. 199.032,
24	[25] 9. Name and Address of Curr		30		Florida Statutes  10. Name and Address of Net			
DAC			81	Name			<u></u>	
PARKER, DONOVAN 2915 N.W. 33 PLACE				Street	Address (P.O. Box Number is Not Acco	entable)		
	NESVILLE FL 32605		<b>82</b> Str		Address (1.0. pox Humber is Not Address	, pluble)		
			83					
			84	City	· · · · · · · · · · · · · · · · · · ·	····	85 Zip (	Code
				L	d corporation submits this statement for poration's board of directors. I hereby a	<u>                                      </u>	<b>■</b>	
SIGNATURE	Signature, typical or printed name of registered OFFICERS A	agont and little if applicable (NOTE) ND DIRECTORS	Registered Age	ent signature	e required when reinstating)  ADDITIONS/CHANGES TO C	DEFICERS AN		
THE	D	☐ DELETE	1.1 TITLE				Change	Addition
NAME	DONOVAN PARKER		1,2 NAME					
STREET ADDRESS	2915 NW 33RD PLACE		1.3 STREET					
CHY-SI-ZIF TIFLE	GAINESVILLE FL D	DELETE	1.4 CITY-S 2.1 TITLE	ST - ZIP			Change	Addition
NAME	DONNA PARKER		22 NAME					
STREET ADDRESS	2915 NW 33RD PLACE		23 STREET	ADDRESS				
CHY-ST-ZIP	GAINESVILLE FL		2 4 CITY-	ST-ZIP				
1 [LF		DELETE	3 1 TITLE		·		Change	Addition
NAME			3.2 NAME					
STREET AUDRESS			3.3 STREET					
CHY-SI-769 TIREF		DELETE	4.1 TITLE	ST-ZIP		<del></del>	Change	Addition
NAME		<del></del>	4. 2 NAME				-	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY - 5.1 - 200			4.4 CITY~	ST-ZIP			<del></del>	
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	T ADDOCOC				
STREET ADDRESS			5.3 STREE	T ADDRESS				
CHY+S1+7IP THLE	/ / / / / / / / / / / / / / / / /	DELETE	6.1 TITLE	υ1 - ΕΝ			Change	Addition
NAME			6.2 NAME					
STREET ACCHESS			6.3 STREE	T ADDRESS				
C-TY - ST - ZIP			6.4 CITY-					
14. Loo here information   arm and appears	thy certify that the information support indicated on this annual report officer or director of the proporation in Block 12 or Block 13 if changed	nied with this filing does not qualific or supplemental annual report is tr n or the receiver or trustic empower i, or on ay attachment with an add	y for the exi ue and acc ered to exe ress.	emption : urate and cute this	stated in Section 119.07(3)(i), Florida S id that my signature shall have the same report as required by Chapter 607, Flo	atutes: I furth I legal effect a rida Statutes;	er certify that as if made un and that my r	ine ider oath; tha name

SIGNATURE:

CONSTRUCTION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21,1997

375-7/29 Dayline Prote #

**FILED** 

May 01 1997 8:00am

Secretary of State