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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000018970 (0)

1. Corporation Name
STUDIO "G", INC.



Principal Place of Business
455 SOUTH ORANGE AVENUE
SIXTH FLOOR
ORLANDO FL 32801

Mailing Address
455 SOUTH ORANGE AVENUE
SIXTH FLOOR
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1995

4. FEI Number

59-3299118

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 667 RED WING DR.

Suite, Apt. #, etc.

22 City & State

23 LAKE MARY, FL

Zip

24 32746

Country

25 USA

2a. Mailing Address

26 P.O. BOX 950-999

Suite, Apt. #, etc.

27 City & State

28 LAKE MARY, FL

Zip

29 32795-0999

Country

30 USA

9. Name and Address of Current Registered Agent

GOUCHENOUR, C. LEE
455 SOUTH ORANGE AVENUE
SIXTH FLOOR
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

GOUCHENOUR, C. LEE

82 Street Address (P.O. Box Number is Not Acceptable)

667 RED WING DRIVE

83

84 City

LAKE MARY

FL

85 Zip Code

32746

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

C. LEE GOUCHENOUR

(NOTE: Registered Agent signature required when reinstating)

4/28/98

DATE

12. OFFICERS AND DIRECTORS

TITLE 0 ☐ DELETE
NAME GOUCHENOUR, C. LEE
STREET ADDRESS 667 REDWING DRIVE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE 0 ☐ DELETE
NAME GOUCHENOUR, CRAIG L
STREET ADDRESS 84 PINE DRIVE
CITY-ST-ZIP DEBARY FL 32713

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 121 BRIDGEWAY CIRCLE
2.4 CITY-ST-ZIP LONGWOOD, FL 32779

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.

CR2E034 (10/97)