FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P95000026760

1. Corporation Name

FLORIDA NATIVE PRODUCTIONS, INC.

Principal Place of Business — Mailing Address

16057 Tampa Palms Blvd.
Suite 252
Tampa, Fl 33647-2001

2. Principal Place of Business: 21 16057 Tampa Palms Blvd.
Suite, Apt. #, etc.: 22 ~~Ste 252~~
City & State: 23 Tampa Fl
Zip: 24 33647 Country: 25 US

2a. Mailing Address: 26 Same
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

3. Date Incorporated or Qualified: ~~March 21, 1995~~
3a. Date of Last Report: ~~April 1996~~
4. FEI Number: 59-3340721 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Judith Bergantino
9540 Delray Dr.
New Port Richey, Fl 34654

10. Name and Address of New Registered Agent

81 Name: Harley Gilmore
82 Street Address (P.O. Box Number is Not Acceptable): 16057 Tampa Palms Blvd
83 Ste. 252
84 City: Tampa, Fl FL 85 Zip Code: 33647

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 s. Section 607.0505, Florida Statutes

SIGNATURE X [signature] 4/28/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Randy King P.O.Box 83 Mt. Pleasant, Fl 32352 — N/A	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Judith Bergantino P.O.Box 83 Mt. Pleasant, Fl 32352 — N/A	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Amy Bergantino Wehr 324 Cherry Laurel Dr. Palm Harbor, Fl 34683	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Harley Gilmore 16057 Tampa Palms Blvd Ste 252 ~~Tampa, Fl 33647-2001~~ — N/A	☐ 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	[initials] 6/2/97	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	800002207818 -06/10/97--01078--004 ***165.00	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: X [signature] 4/28/97 (813)978-1350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #