FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000051401 (4)

1. Corporation Name
GARRISON RIDGE PRODUCTIONS, INC.

Principal Place of Business
10940 DOVER COVE LANE
JACKSONVILLE FL 32225

Mailing Address
10940 DOVER COVE LANE
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified: 06/29/1995
3a. Date of Last Report: N/A
4. FEI Number: 59 3 324 038 — ☐ 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

2. Principal Place of Business
21 13740 Night Hawk Ct.
22 Suite, Apt. #, etc.
23 City & State: Jacksonville, FL
24 Zip: 32224 25 Country: USA

2a. Mailing Address
26 13740 Night Hawk Ct.
27 Suite, Apt. #, etc.
28 City & State: Jacksonville, FL
29 Zip: 32224 30 Country: USA

9. **Name and Address of Current Registered Agent**

LONG, LISA A
10940 DOVER COVE LANE
JACKSONVILLE FL 32225

10. **Name and Address of New Registered Agent**

81 Name: Lisa A. Long
82 Street Address (P.O. Box Numbers Not Acceptable): 13740 Night Hawk Ct.
83
84 City: Jacksonville FL 85 Zip Code: 32224

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] LISA LONG, PRESIDENT — DATE: 1-23-96

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	LONG, LISA A	
STREET ADDRESS	10940 DOVER COVE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VT	☐ DELETE
NAME	LONG, TONY D	
STREET ADDRESS	10940 DOVER COVE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
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	PSD	☒ Change ☐ Addition
1-2 NAME	LONG. LISA A	
1-3 STREET ADDRESS	13740 NIGHT HAWK CT	
1-4 CITY-ST-ZIP	JACKSONVILLE FL 32224	
2-1 TITLE	VT	☒ Change ☐ Addition
2-2 NAME	LONG. TONY D.	
2-3 STREET ADDRESS	13740 NIGHT HAWK CT	
2-4 CITY-ST-ZIP	JACKSONVILLE FL 32224	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96 (Date) 904 646 0104 (Daytime Phone)

CR2E034 (12/95)