

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

FILED

Apr 02 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 # P95000058793 (7)

1. Corporation Name

SHOFNER STUDIOS, INC.



Principal Place of Business

Mailing Address

110 WEST COLONIAL DR., STUDIO A
ORLANDO FL 32801

110 WEST COLONIAL DR., STUDIO A
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1995

4. FEI Number

59-3334410

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 2913 CORRIE DR.

Suite, Apt. #, etc.

22 City & State

23 Orlando FL

Zip

24 32803

Country

25 USA

2a. Mailing Address

26 P.O. Box 928

Suite, Apt. #, etc.

27 City & State

28 Orlando FL

Zip

29 32802

Country

30 USA

9. Name and Address of Current Registered Agent

SHOFNER, JOSEPH W
110 WEST COLONIAL DR., STUDIO A
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

Joseph W. Shofner

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

2913 CORRIE DR

83

84 City

Orlando

FL

85 Zip Code

32803

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME JOSEPH W. SHOFNER
STREET ADDRESS 3100 OLD WINTER GARDEN RD #433
CITY-ST-ZIP OCOEE FL

TITLE ☒ DELETE

VP
NAME TERRI L. SHAFNER
STREET ADDRESS 3100 OLD WINTER GARDEN RD #433
CITY-ST-ZIP OCOEE FL

TITLE ☒ DELETE

T
NAME TERRI L. SHAFNER
STREET ADDRESS 3100 OLD WINTER GARDEN RD #433
CITY-ST-ZIP OCOEE FL

TITLE ☐ DELETE

S
NAME JEANIE B JAMES
STREET ADDRESS 1908 LAKEVIEW DR. APT 918
CITY-ST-ZIP ORLANDO FL

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

P
1.2 NAME Joseph W. Shofner
1.3 STREET ADDRESS 3100 Old Winter Garden Rd. #433
1.4 CITY-ST-ZIP Ocoee FL

2.1 TITLE ☒ Change ☐ Addition

VP
2.2 NAME Jeanie B. James
2.3 STREET ADDRESS 1908 Lakeview Dr Apt 918
2.4 CITY-ST-ZIP Orlando FL

3.1 TITLE ☒ Change ☐ Addition

T
3.2 NAME Jeanie B James
3.3 STREET ADDRESS 1908 Lakeview Dr. Apt 918
3.4 CITY-ST-ZIP Orlando FL

4.1 TITLE ☒ Change ☐ Addition

S
4.2 NAME Marlene Bondurant
4.3 STREET ADDRESS 716 North Levon
4.4 CITY-ST-ZIP Kissimmee FL

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)