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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 13 1998 8:00am Secretary of State

1998 DOCUMENT # P95000070770 (9) FORCE PRODUCTION, INC. Principal Place of Business Mailing Address 710 N VILLAGE DRIVE #101B 710 N VILLAGE DRIVE #101B ST PETERSBURG FL 33716 ST PETERSBURG FL 33716 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/05/1995 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0604416 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Żφ 8. This corporation owes or has paid the current year Intappible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MCCORTNEY, JOHN R 710 N VILLAGE DRIVE #101B 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33716 83 City 64 Zip Code 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE MCCORTNEY, JOHN R 1.2 NAME NAME 710 N VILLAGE DRIVE #101B STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL 33716 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE MAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-5T-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETÉ Спапре Addition TITLE 5.1 TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CiTY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 neceiver 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 are on an attachment with an address.

SIGNATURE:

**排除在特別的問題** 

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866-1338 Davime Phone \* 0395471 CR2E034 (10/97)