

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

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DOCUMENT # P95000072782 (2)

1. Corporation Name

FAST LANE PRODUCTIONS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1717 APALACHEE PARKWAY  
SUITE 483  
TALLAHASSEE FL 32301

Mailing Address

1717 APALACHEE PARKWAY  
SUITE 483  
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1995

3a. Date of Last Report

08/06/1996

4. FEI Number

59-3353451

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

WILSON, DWIGHT  
8 ANGLE STREET  
CHATTAHOOCHEE FL 32324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

NAME D  
WILSON, DWIGHT  
STREET ADDRESS 8 ANGLE STREET  
CITY-ST-ZIP CHATTAHOOCHEE FL 32324

TITLE ☐ DELETE

NAME SV  
LYON, WILLIAM  
STREET ADDRESS 8 ANGLE ST.  
CITY-ST-ZIP CHATTAHOOCHEE FL 32324

TITLE ☐ DELETE

NAME V  
BATTLES, OSCAR  
STREET ADDRESS 8 ANGLE ST.  
CITY-ST-ZIP CHATTAHOOCHEE FL 32324

TITLE ☐ DELETE

NAME S  
BLAISE, MARJORIE  
STREET ADDRESS 8 ANGLE ST.  
CITY-ST-ZIP CHATTAHOOCHEE FL 32324

TITLE ☐ DELETE

NAME T  
WILSON, DWIGHT  
STREET ADDRESS 8 ANGLE ST.  
CITY-ST-ZIP CHATTAHOOCHEE FL 32324

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

2.4 CITY-ST-ZIP

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

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\*\*\*\*370.00 \*\*\*\*165.00

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: *Dwight Wilson* *Dwight Wilson*

8/25/97

CR2E034 (4/97)