

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

FILED

Feb 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000080571 (9)**

1. Corporation Name  
**STAN WILKINS PRODUCTIONS, INC.**



Principal Place of Business <b>4330-C COLONIAL CIRCLE BRADENTON FL 34208</b>	Mailing Address <b>4330-C COLONIAL CIRCLE BRADENTON FL 34208-5137</b>
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3. Date Incorporated or Qualified <b>10/20/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21. <b>15210 Waterline Rd.</b> State, Apt. #, etc. 22. City & State <b>Bradenton, FL</b> Zip <b>34202</b>	2a. Mailing Address 26. <b>15210 Waterline Rd.</b> State, Apt. #, etc. 27. City & State <b>Bradenton, FL</b> Zip <b>34202</b>
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4. FEI Number <b>59-3345755</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WILKINS, GEORGE S 1792 PAM CIRCLE ORLANDO FL 32809</b>	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 Gina M. Wilkins (Gina M. Wilkins) President DATE 1-8-97  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P WILKINS, GINA M.</b>
STREET ADDRESS	<b>1792 PAM CIRCLE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP WILKINS, GEORGE</b>
STREET ADDRESS	<b>1729 PAM CIRCLE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P Wilkins, Gina M.</b>
1.3 STREET ADDRESS	<b>15210 Waterline Rd.</b>
1.4 CITY - ST - ZIP	<b>Bradenton, FL 34202</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VP Wilkins, George S.</b>
2.3 STREET ADDRESS	<b>15210 Waterline Rd.</b>
2.4 CITY - ST - ZIP	<b>Bradenton, FL 34202</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Gina M. Wilkins (Gina M. Wilkins) President DATE 1-8-97 941-745-2393

CR2E034 (9/96)