FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLOR:DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

ANNUAL REPORT 1996 DIVISION OF CORPORATIONS P95000087696 (7) **DOCUMENT #** FIN HEAD PRODUCTIONS, INC. Principal Place of Business Mailing Address 1249 SE 32ND STREET 1249 SE 32ND STREET **OCALA FL 34471** OCALA FL 34471 3. Date Incorporated or Qualified 3a. Date of Last Report 11/15/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, Zφ Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PADGETT, GLENN R Street Address (P.O. Box Number is Not Acceptable) 82 555 WEST GRANADA BLVD., STE. D-11 **ORMOND BEACH FL 32174** 83 84 Zip Code City 65 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. Thereby accept the appointment as registered agent. Florida Statutes. SIGNATURE DATE Report seal Apart Sci OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE D, PRES, A.S/AT Change ☐ Addition TITLE 1 1 TITLE MAZZANOBLE, GARY S 1.2 NAME NAME 1249 SE 32ND STREET 1.3 STREET ADDRESS STREET ADDRESS **OCALA FL 34471** 1.4 City - \$1-2iP CITY - ST- ZIP D. VP/S/T DELETE 2 1 THT_E Add tion TITLE MAZZANOBLE, JOHN J 2.2 NAME NAME 1249 SE 32ND STREET 2.3 STREET LADDRESS STREET ADDRESS **OCALA FL 34471** 2.4 CHY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition 3.2 NAMF NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4 SITY - \$1 - ZIP DELETE ☐ Change Addition 4 1 THLE THTLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - 7:P DELETE Addition 5 1 TIPLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREE! ACCRESS 5.4 CITY - S1 - ZIP CITY - ST- ZIP DELETE Change Add-tion TITLE 6 1 DillE NAME 6.2 NAME

6.4 CITY - ST - ZIP 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 | 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 trusted empowered to execute this report as required by Chapter 607, Flooda Statutes; and that my name appears in Block 12 or Block 1 in an attachment with an address

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

AME OF SIGNING OFFICER OR DIRECTOR

352-622-3987

(12/95) CR2E034