

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000091575 (7)**

1. Corporation Name

PJL PRODUCTIONS, INC.



Principal Place of Business

**223 CARR LANE
TALLAHASSEE FL 32312**

Mailing Address

**223 CARR LANE
TALLAHASSEE FL 32312**

2. Principal Place of Business

2a. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**BROWN, W. KIRK ESQ.
924 N. GADSDEN STREET
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified

12/01/1995

3a. Date of Last Report

4. FEI Number

59-3353409

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 607.1505, 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

(If the box is checked, the signature must appear on the signature card.)

(If the Registered Agent signature is required, check this box.)

DATE

12. OFFICERS AND DIRECTORS

NAME	D LASSANSKE, PEGGY J	☐ DELETE
STREET ADDRESS	223 CARR LANE	
CITY, STATE, ZIP	TALLAHASSEE FL 32312	
NAME	D LASSANSKE, PAUL W	☐ DELETE
STREET ADDRESS	223 CARR LANE	
CITY, STATE, ZIP	TALLAHASSEE FL 32312	
NAME		☐ DELETE
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ DELETE
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ DELETE
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, 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 119.04(3)(k), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul W. Lassanske
PAUL W. LASSANSKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 (904) 893-6396

Daytime Phone #

CR2E034 (12/95)