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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000092011 (2)

PRODUCTION RESOURCES, INC.

Principal Place of Business

Mailing Address

## **FILED** May 13 1998 8:00am Secretary of State



4983 GREENCROFT ROAD SARASOTA FL 34235	POST OFFICE BOX 2266 SARASOTA FL 34230			
	51111155111 1		DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	
			12/04/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0660349	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Ζŧρ	Country	8. This corporation owes or has paid the cu	irrent year Intangible
24 25	29	30		Yes 🔀 No
9. Name and Address of	Current Registered Agent		10. Name and Address of New Registered	Agent
KELLETT, ROBERT P		81 Name		
4983 GREENCROFT RD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	<del></del>
SARASOTA FL 34235		0.0007,000	oss (1.0. osx Nambol to Not Notopiable)	
		83		
			· · · · · · · · · · · · · · · · · · ·	
		84 City	Fi	85 Zip Code
Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the	07.0502 and 607.1508, Florida Statute o State of Florida Such change was a o obligations of, Section 60 <b>7.0505</b> , Flo	es, the above-named corp authorized by the corporat rida Statutes.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE Signature, typed or printed name of togis	aread arrest and title if anythrable [MOT	: Registered Agent signature require	ed when reinstating) OATE	
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OTT ICENS AN	Change Addition
NAME KELLETT, ROBERT P		1.2 NAME		
STREET ADDRESS 4983 GREENCROFT RO	MAD			
A1516671 FL 61648	יאט	1.3 STREET ADDRESS		
CITY-ST-ZIP SAHASUTA FL 34235 TITLE STD	DELETE	1.4 CITY - ST - ZIP		☐ Change ☐ Addition
	<del></del>	2.1 TITLE		Cuanda (T) vonnon
NAME KELLETT, ELIZABETH V		2.2 NAME	•	
STREET ADDRESS 4983 GREENCROFT RO	IAU	2.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL 34235	The stee	2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	☐ DĒLĒTE	4.1 TITLE		Change  Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS .		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14, I hereby certify that the information supp	blied with this filing does not qualify for	r the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further c	ertify that the information
indicated on this annual report or supple	emental annual report is true <b>and acc</b> he receiver or trustee empowered to e	urate and that my signatur	re shall have the same legal effect as if made u uired by Chapter 607, Florida Statutes; and that	nder oath: that I am an