

FILED

May 17, 1999 8:00 am
Secretary of State

05-17-1999 90015 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000014542 ✓

1. Corporation Name

THE GUY MICHAELS PRODUCTION GROUP, INC.



Principal Place of Business 4000 SANDESTIN BLVD DESTIN FL 32541 US	Mailing Address 1085 E. NURSERY RD SANTA ROSA BEACH FL 32459 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1085 EAST NURSERY ROAD Suite, Apt. #, etc. 22 City & State 23 SANTA ROSA BEACH, FL Zip Country 24 32459 25 U.S.		2a. Mailing Address 26 1085 E. NURSERY RD Suite, Apt. #, etc. 27 City & State 28 SANTA ROSA BEACH, FL Zip Country 29 32459 30 U.S.		3. Date Incorporated or Qualified 02/12/1996	
4. FEI Number 59-3361421		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SCHEYD, JOSEPH M JR 305 MAIN STREET DESTIN FL 32541		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SMITH, GUY M	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1085 E NURSERY ROAD	1.2 NAME	
STREET ADDRESS	SANTA ROSA BEACH FL 32459	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D SMITH, BARBARA A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1085 E NURSERY ROAD	2.2 NAME	
STREET ADDRESS	SANTA ROSA BEACH FL 32459	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, with an other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 850.622.1489

Date Daytime Phone #

CR2E034 (1/198)