

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000031997 (5)

1. Corporation Name
KINGSTONE FILMS, INC.

Principal Place of Business
4420 BAY FOREST LANE
FRUITLAND PARK FL 34731

Mailing Address
4420 BAY FOREST LANE
FRUITLAND PARK FL 34731-5694

3. Date Incorporated or Qualified 04/08/1996
3a. Date of Last Report

4. FEI Number
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

2. Principal Place of Business
21 4420 BAY FOREST LN.
Suite, Apt. #, etc.

2a. Mailing Address
26 (same)

22 City & State
23 Fruitland Park, Fla.

27 City & State

24 Zip 34731
25 Country USA

29 Zip
30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, L E
1029 WEST MAGNOLIA STREET
LEESBURG FL

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D (PRESIDENT)	<input type="checkbox"/> DELETE
NAME	AYRIS, ARTHUR A	
STREET ADDRESS	4420 BAY FOREST LANE	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D (VICE-PRESIDENT)	<input type="checkbox"/> DELETE
NAME	SAFFORD, JAMES T	
STREET ADDRESS	5215 BANANA POINT	
CITY-ST-ZIP	OKAHUMPKA FL 34762	
TITLE	D (TREASURER)	<input type="checkbox"/> DELETE
NAME	HUX, MARSHALL H	
STREET ADDRESS	1009 NORTH SHORE DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D (SECRETARY)	<input type="checkbox"/> DELETE
NAME	TAYLOR, BRETT	
STREET ADDRESS	2420 FAIRWAY AVENUE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, J B	
STREET ADDRESS	8343 LAKESHORE DRIVE	
CITY-ST-ZIP	YALAHUA FL 34797	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNN, CARL	
STREET ADDRESS	33314 SOMERSET DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/97 352-728-1414

Date Daytime Phone

CR2E034 (9/96)