

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

**APPROVED  
AND  
FILED**

**1997 JUN -3 PM 3:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**PROFIT CORPORATION  
ANNUAL REPORT  
1997**

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

**DOCUMENT # P96000058716**  
1. Corporation Name

**FLORIDA MOVIE PRODUCERS, INC.**

Principal Place of Business	Mailing Address
Highway 53 South Madison, FL 32340	P. O. Drawer 772 Madison, FL 32341

3. Date Incorporated or Qualified <b>07/12/96</b>	3a. Date of Last Report <b>n/a</b>
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Highway 53 South Suite, Apt. #, etc.	26 P. O. Drawer 772 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Madison, FL	28 Madison, FL
24 32340	25 Madison
29 32341	30 Madison

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**THOMAS H. GREENE, JR.**  
P. O. DRAWER 772 *State Rd 53 South*  
MADISON, FL 32341

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P/D THOMAS H. GREENE, JR.</b>
STREET ADDRESS	<b>Hiway 53 South</b>
CITY-ST-ZIP	<b>Madison, FL 32340</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S/T/D EMERALD G. KINSLEY</b>
STREET ADDRESS	<b>P. O. Drawer 772</b>
CITY-ST-ZIP	<b>Madison, FL 32341</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	<b>200002204832-4</b>
3.3 STREET ADDRESS	<b>-06/06/97--01118--007</b>
3.4 CITY-ST-ZIP	<b>****173.75 ****173.75</b>
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: *Thomas H. Greene, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Chng. P.A. address per Mr. Greene on 1/5/97*  
*168 1/5/97*  
Date: **7/9/97**  
**073-4141**

CR2E034 (9/96)