

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000061789

1. Corporation Name

THANKS FOR THE MEMORIES VIDEO PRODUCTIONS, INC.

Principal Place of Business

808 ARROWHEAD LANE
NAPLES FL 34108

Mailing Address

808 ARROWHEAD LANE
NAPLES FL 34108

2. Principal Place of Business

21 5426 WHITTEN DR.

2a. Mailing Address

26 5426 WHITTEN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NAPLES FLORIDA

City & State

28 NAPLES FLORIDA

Zip

24 34104 25 USA

Zip

29 34104 30 USA

9. Name and Address of Current Registered Agent

PRICE, R. SCOTT
2640 GOLDEN GATE PARKWAY
SUITE 315
NAPLES FL 34105

3. Date Incorporated or Qualified

07/23/1996

4. FEI Number

65-0688622

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 owes the current year intangible
Personal Property Tax.

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 607.1508, 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

John George
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GEORGE, JOHN
STREET ADDRESS 808 ARROWHEAD LANE
CITY-ST-ZIP NAPLES FL 34108

TITLE D ☐ DELETE

NAME GEORGE, LORRAINE A
STREET ADDRESS 808 ARROWHEAD LANE
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5426 WHITTEN DR
NAPLES FL 34104

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5426 WHITTEN DR.
NAPLES FL 34104

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 all other like empowered.

SIGNATURE:

John George
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90059 025 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)