

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90137 037 ***150.00

DOCUMENT # P97000040065

1. Corporation Name

MEDVID CO. PRODUCTIONS

Principal Place of Business

P.O. BOX 1981
SILVER SPRINGS FL 34489

Mailing Address

P.O. BOX 1981
SILVER SPRINGS FL 34489

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1997

4. FEI Number

59-3456665

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

NELSON, SHERRY
9093 S.E. 35TH COURT
OCALA FL 34480

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

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

NOTE: Registered Agent signature required when reinstating

1/23/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DOUGHERTY, RICHARD

STREET ADDRESS P.O. BOX 771394 N/A

CITY-ST-ZIP Ocala FL 34477

TITLE STD ☐ DELETE

NAME DOUGHERTY, MARY J

STREET ADDRESS P.O. BOX 771394 N/A

CITY-ST-ZIP Ocala FL 34477

TITLE VD ☐ DELETE

NAME NELSON, SHERRY

STREET ADDRESS 9093 S.E. 35TH COURT

CITY-ST-ZIP Ocala FL 34480

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 PD DOUGHERTY, RICHARD

1.3 STREET ADDRESS P.O. BOX 1981

1.4 CITY-ST-ZIP Ocala, FL 34489

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME STD DOUGHERTY, MARY J.

2.3 STREET ADDRESS P.O. BOX 1981

2.4 CITY-ST-ZIP Ocala, FL 34489

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: RICHARD DOUGHERTY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)