

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 30 1998 8:00am
Secretary of State

DOCUMENT # P97000043711 (5)

1. Corporation Name
STUDIO 315, INC.



Principal Place of Business
315 SOUTH 7TH STREET
FERNANDINA BEACH FL 32034

Mailing Address
315 SOUTH 7TH STREET
FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number 593450580

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. *Fernandina Beach*
Suite, Apt. #, etc.
22. *315 S 7th*
City & State
23. *Amelia Jr. Fl*
Zip
24. *32034*

2a. Mailing Address

27. *315 S 7th St*
Suite, Apt. #, etc.
28. *Fernandina Beach*
City & State
29. *32034*
Zip
30. *FL*
Country

9. Name and Address of Current Registered Agent

TOMASSETTI, A J
406 ASH STREET
FERNANDINA BEACH FL 32034

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	MCCONNELL, HARRY D	315 SOUTH 7TH STREET	FERNANDINA BEACH FL 32034	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

CR2E034 (5/98)

Please find enclosed my check for 150.00. The first mailing never reach me and since this is my first year as a Corp. I never questioned that this form was necessary. I have been very ill recently and have been unable to answer my mail however those who have been helping me also state that they have never received this notice

Sincerely
Harry D. McConnell
315 ~~St.~~ 7th St.
Fernandina Beach
Fl. 32034
1-904-261-4059.

P.S. I have returned the form with the corrected information (I missed filling in box "4")
Please forgive this mistake