

07131999-90007-004-\$150.00-\$150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # P97000043711

Corporation Name

STUDIO 315, INC.

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90007 004 ***150.00



Principal Place of Business
15 S. 7TH STREET
FERNANDINA BCH, FL
32034

Mailing Address
315 S. 7TH STREET
FERNANDINA BCH, FL
32034

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3450580	Applied For ☐ Not Applied
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Zip	Zip	8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No	
Country	Country		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

OMASSETTI, A.J.
306 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

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 reappointing)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
☐ DELETE		☐ Change ☐ Add	
1. NAME	1.1 TITLE		
2. STREET ADDRESS	2.1 NAME		
3. CITY-STATE-ZIP	3.1 STREET ADDRESS		
	4. CITY-STATE-ZIP		
☐ DELETE		☐ Change ☐ Add	
5. NAME	5.1 TITLE		
6. STREET ADDRESS	6.1 NAME		
7. CITY-STATE-ZIP	7.1 STREET ADDRESS		
	8. CITY-STATE-ZIP		
☐ DELETE		☐ Change ☐ Add	
9. NAME	9.1 TITLE		
10. STREET ADDRESS	10.1 NAME		
11. CITY-STATE-ZIP	11.1 STREET ADDRESS		
	12. CITY-STATE-ZIP		
☐ DELETE		☐ Change ☐ Add	
13. NAME	13.1 TITLE		
14. STREET ADDRESS	14.1 NAME		
15. CITY-STATE-ZIP	15.1 STREET ADDRESS		
	16. CITY-STATE-ZIP		
☐ DELETE		☐ Change ☐ Add	
17. NAME	17.1 TITLE		
18. STREET ADDRESS	18.1 NAME		
19. CITY-STATE-ZIP	19.1 STREET ADDRESS		
	20. CITY-STATE-ZIP		
☐ DELETE		☐ Change ☐ Add	
21. NAME	21.1 TITLE		
22. STREET ADDRESS	22.1 NAME		
23. CITY-STATE-ZIP	23.1 STREET ADDRESS		
	24. CITY-STATE-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: *James D. McConnell* Date: *9-23-99*

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603/01-90012-24

as per my phone conversation
with your office on July 6th I
am enclosing my check for
15.00

I never received the first
notice possibly because you may
have addressed it to
3158 7th St. The correct address
was 315 S. 7th St

I have recently moved to
2909 St. Johns Ave. Jacksonville
Fl.

Sincerely yours
Harry D. McConnell