

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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 30 1998 8:00am  
Secretary of State

DOCUMENT # P97000048208 (7)

1. Corporation Name  
SANTA FE VIDEO, INC.



Principal Place of Business

6100 AVENUE F  
MCINTOSH FL 32664

Mailing Address

6100 AVENUE F  
MCINTOSH FL 32664

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1997

4. FEI Number

59-3451922

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.

☒ No

2. Principal Place of Business

21 14460 W. ALK Blvd.

Suite, Apt. #, etc.

22

City & State

23 Alachua, FL

Zip

24 32615

Country

25 USA

2a. Mailing Address

26 P.O. Box 1629

Suite, Apt. #, etc.

27

City & State

28 Alachua, FL

Zip

29 32616-1629

Country

30 USA

9. Name and Address of Current Registered Agent

WHITE, THORNE N  
6100 AVENUE F  
MCINTOSH FL 32664

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

23118 Old Providence Rd.

83

84 City

Alachua

85 State

FL

Zip Code

32615

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 D ☐ DELETE

NAME WHITE, THORNE N  
STREET ADDRESS 6100 AVENUE F  
CITY-ST-ZIP MCINTOSH FL 32664

TITLE D ☐ DELETE

NAME WHITE, KARYN H  
STREET ADDRESS 6100 AVENUE F  
CITY-ST-ZIP MCINTOSH FL 32664

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 D/P/T ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 23118 Old Providence Rd.  
1.4 CITY-ST-ZIP Alachua, FL 32615

2.1 TITLE D/V/S ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 23118 Old Providence Rd.  
2.4 CITY-ST-ZIP Alachua, FL 32615

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 or changed or on an attachment with an address.

SIGNATURE

THORNE N. WHITE 9/21/98 (904)463-9657

CR2E034 (5/98)