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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700062957 (0)

DAVE KIRBY PRODUCTIONS, INC.

Principal Place of Business Mailing Address	BERDOL FIE FORKL IBBUL BBILL BBILL BOLEL DOFIG BILLU DIDIÐ IÐIÐI ÐINL 1001 1001
733 CARPENTERS WAY 733 CARPENTERS WAY	
LAKELAND FL 33809	DO NOT WRITE IN THIS SPACE
3. Date	Incorporated or Qualified
07/	17/1997
2. Principal Place of Business 2a. Mailing Address 4. FEI!	Number Applied For
	-3470435 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 5. Certical Suite, Apt. #, etc.	ficate of Status Desired \$8.75 Additional Fee Required
City & State City & State 6. Elec	ion Campaign Financing \$5.00 May Be
	Fund Contribution
	corporation owes or has pald the current year Intangible onal Property Tax due June 30.
	e and Address of New Registered Agent
BYWATER, JOSEPH G 81 Name	
AAAA E PAGEWAAA BOWE AHITE AAAB	ox Number is Not Acceptable)
LAKELAND FL 33803	ox Nullibel is Not Acceptable)
83	
84 City	FL 85 Zip Code
Duranest to the provisions of Continue COZ 0500 and COZ 1500. Elevide Classics, the above person of connection only	
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	İ
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstall	ing) DATE
	IONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE	☐ Change ☐ Addition
NAME KIRBY, DAVID D 1.2 NAME	
STREET ADDRESS 733 CARPENTERS WAY 1.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL 33809 1.4 CITY-ST-ZIP	
TITLE D DELETE 21 TITLE	☐ Change ☐ Addition
NAME DOCKERY, CARL C	
STREET ADDRESS PO BOX 2477 N/A 23 STREET ADDRESS	
CITY-ST-ZIP	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	☐ Change ☐ Addition
NAME 4.2 NAME	Į
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	Change Addition
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119	0.07(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 truster improvered 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 attachined with an address.	