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001775

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90001 033 ***150.00

DOCUMENT # P97000089540

1. Corporation Name

FOUR TO THE MEASURE ENTERTAINMENT GROUP, INC.



Principal Place of Business

C/O MS. MARIA WHITLEY
3400-E US 1 SOUTH, SUITE D
ST. AUGUSTINE FL 32086

Mailing Address

C/O MS. MARIA WHITLEY
3400-E US 1 SOUTH, SUITE D
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1997

4. FEI Number

59-3480518

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

WHITLEY, MARIA
3400-E US 1 SOUTH
SUITE D
ST. AUGUSTINE FL 32086

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME DUENOW, MORRIS
STREET ADDRESS 3400-E US 1 SOUTH
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE VPD ☐ DELETE
NAME BURK, TERRY L
STREET ADDRESS 10 VILANO RD
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE SD ☐ DELETE
NAME SULLIVAN, GREER
STREET ADDRESS 58 FULLERWOOD DR
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE TD ☐ DELETE
NAME WHITLEY, MARIA
STREET ADDRESS 3400-E US 1 SOUTH
CITY-ST-ZIP ST AUGUSTINE FL 32086

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 UPD ☒ Change ☐ Addition
1.2 NAME DUENOW, MORRIS
1.3 STREET ADDRESS 3400 E US 1 SOUTH
1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32086

2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME BURK, TERRY L.
2.3 STREET ADDRESS 10 VILANO RD.
2.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32095

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME WHITLEY, MARIA
4.3 STREET ADDRESS 3400 E US 1 SOUTH
4.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32086

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

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 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

TERRY L. BURK
TREASURER

Date

Daytime Phone #

4/29/99

904 797-6776

CR2E034 (11/98)