

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90263 029 \*\*\*158.75

DOCUMENT # P98000081210

1. Corporation Name  
HISTORIC FILM SERVICES, INC.

Principal Place of Business  
852 SAXON BLVD #29  
ORANGE CITY FL 32763

Mailing Address  
852 SAXON BLVD #29  
ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1998

4. FEI Number

59-3537005

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

ABATE, GENEVIEVE  
852 SAXON BLVD #29  
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name

Genevieve Abate

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

1730 Tarrytown Ave.

83

84 City

Deltona

FL

85 Zip Code

32725

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.

Genevieve Abate 4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME STONE, JOSEPH E  
STREET ADDRESS 1730 TARRYTOWN AVE  
CITY-ST-ZIP DELTONA FL 32725

TITLE D ☐ DELETE  
NAME CROFOOT, VERN  
STREET ADDRESS 1120 COURTLAND ST  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE  
NAME LANCASTER, ROGER  
STREET ADDRESS 1167 LAZYHOLLOW PLACE  
CITY-ST-ZIP WINTER PARK FL 32792

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR Joseph E. Stone 4/28/99

904-789-4498

Date

Daytime Phone #

CR2E034 (11/98)