

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S04184** (5)

1. Corporation Name

UNITED FILM COMPANY OF ST. AUGUSTINE

Principal Place of Business

**1148 WINTERHAWK DRIVE
ST. AUGUSTINE FL 32086**

Mailing Address

**1148 WINTERHAWK DRIVE
ST. AUGUSTINE FL 32086**



3. Date Incorporated or Qualified 10/01/1990	3a. Date of Last Report 11/01/1995
4. FEI Number 59-3035197	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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CLARK, SCHAFFER C.P.A.
ISLAND PARK SOUTH
2225 STATE ROAD 3
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 of person completing this report as required by law.

Signature of Registered Agent (signature required when "re-appointing")

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SETTOON, PATRICIA D.	1.2 NAME	
STREET ADDRESS	1148 WINTERHAWK DRIVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. AUGUSTINE FL 32086	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	SETTOON, RICHARD JR.	2.2 NAME	
STREET ADDRESS	1148 WINTERHAWK DRIVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. AUGUSTINE FL 32086	2.4 CITY-STATE-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SETTOON, NATALIE A.	3.2 NAME	
STREET ADDRESS	1148 WINTERHAWK DRIVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. AUGUSTINE FL 32086	3.4 CITY-STATE-ZIP	
TITLE	STD	4.1 TITLE	☐ Change ☐ Addition
NAME	SETTOON, RICHARD SR.	4.2 NAME	
STREET ADDRESS	1148 WINTERHAWK DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. AUGUSTINE FL 32086	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard C. Settoon Sr.

2/9/96

904-797-7334

CR2E034 (12/95)