

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

FILED

Mar 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S44460** (1)

1. Corporation Name  
**BRAD CORIELL STUDIOS, INC.**

Principal Place of Business

**8787 SOUTHSIDE BLVD.  
STE. 415  
JACKSONVILLE FL 32256  
US**

Mailing Address

**8787 SOUTHSIDE BLVD.  
STE. 415  
JACKSONVILLE FL 32256-1475  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

**04/08/1991**

3a. Date of Last Report

**02/16/1996**

4. FEI Number

**59-3059687**

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

9. Name and Address of Current Registered Agent

**KILGORE, JENNIFER L.  
8787 SOUTHSIDE BLVD., #415  
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81

Name **Jennifer L. Coriell (last name changed)**

82

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

**8787 Southside Blvd, #415**

83

84

City

**Jacksonville**

**FL**

85

Zip Code

**32256**

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

*J. Coriell*  
Signature of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11

TITLE

12

NAME

13

STREET ADDRESS

14

CITY - ST - ZIP

21

TITLE

22

NAME

23

STREET ADDRESS

24

CITY - ST - ZIP

31

TITLE

32

NAME

33

STREET ADDRESS

34

CITY - ST - ZIP

41

TITLE

42

NAME

43

STREET ADDRESS

44

CITY - ST - ZIP

51

TITLE

52

NAME

53

STREET ADDRESS

54

CITY - ST - ZIP

61

TITLE

62

NAME

63

STREET ADDRESS

64

CITY - ST - ZIP

☒ Change

☐ Addition

☐ Change

☒ Addition

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☐ Addition

14. I do 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 and dated 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.

SIGNATURE:

*J. Coriell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97

904/363-4915

CR2E034 (9/96)