

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V03545 (3)

1. Corporation Name

TODD'S VIDEO, INC.

Principal Place of Business

13154 HOMESTEAD RD
LEHIGH ACRES FL 33906
US

Mailing Address

13154 HOMESTEAD RD
LEHIGH ACRES FL 33936
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1991

3a. Date of Last Report

04/08/1994

4. FEI Number

65-0132355

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

ROBBINS, ROBERT
13154 HOMESTEAD RD
LEHIGH ACRES FL 33936

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 of 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

Robert Robbins

Signature typed or printed name of registered agent and the 4 registrants

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

ROBBINS, ROBERT

STREET ADDRESS

1802 RIDGECREST ST

CITY ST ZIP

LEHIGH ACRES FL 33936

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

V.P.

James Holzborn

223 Joel Blvd

Lehigh, FL 33936

31 TITLE

☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

Treasurer

TODD Robbins

1802 Ridgcrest St.

Lehigh, FL 33936

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY ST 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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

Robert N Robbins

P.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CLERK

4-18-95

813-368-1122

Date

Signature Number