## 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 #

1. Corporation Name

SIGNATURE:

V07532

(7)

I.C. FLICKS, INC.

Secretary of State

May 01 1996 8:00 am

**FILED** 

Principal Place of	Business	Ma	alling Address								
1833 W. TENNESSEE ST. 1833 W. TENNESSEE ST. TALLAHASSEE FL 32304 TALLAHASSEE FL 32304											
							3. Date incorporated or Qualified 01/17/1992	3a. Date o	f Last Re 5/01/19		
2. Principal Place	e of Business	2a. 26	2a. Mailing Address 26				4. FEI Number 59-3103541			Applied For Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Cortificate of Status Desired S8.75 Additional Fee Required			Required	
City & State		28					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip	Country		Zip	Cou	intry		8. This corporation has flability for	intangible tax	under s	199.032,	
24	25	[29]		30	г		Florida Statutes Yes  10. Name and Address of New R		ant.		
	9. Name and Address of Current	Hegis	lered Agent		81	Name	10. Name and Address of New H	egistereo A	en		
HATTAWAY, JIM 1381 MANOR HOUSE DR.					82 Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32312					83						
					84	City		FL	<b>85</b> Zip	Code	
			3 1600 50 11 0				ration submits this statement for the pur		oino ito :	ogistored off	
SIGNATURE	gnature, typed or printed name of registered austra OFFICERS AND		CTORS	13.		signature require	ed when reinstaling) ADDITIONS/CHANGES TO OFF				
TITLE	Р		DELETE	1. 1 TITLE				[	Change	Add tion	
NAME	HATTAWAY, JIM			1.2 N	1.2 NAME						
STREET ADDRESS	1381 MANOR HOUSE DR.	1.3		.3 STREET ADDRESS							
CITY - ST - ZIP	TALLAHASSEE FL 32304	The car		~~~~	1.4 C/TY - ST - Z/P				Change	Addition	
TITLE	Ab DEFEIF			2. 1 TIBLE 2.2 NAME				Ontarigo			
NAME OTDEET ADDRESS	REYNOLDS, JON 910 TREE CROSSINGS PKY	NV			2.3 STREET ADDRESS						
STREET ADDRESS	HOOVER AL				ITY-S						
CITY-ST-ZIP TITLE	DELETE			3.11		7-211			Change	Addition	
NAME			_	3.2 N	IAME						
STREET ADDRESS				3.3 8	STREET	ADDRESS					
CITY-ST-ZIP				3.4 C	ITY-S	T-ZIP					
TITLE			☐ DELETE	4.17	TITLE				Change	Addition	
NAME				4 2 N	IAME	1					
STREET ADDRESS				435	TREET	ADDRESS					
CITY-S1-ZiP			FTI DE STE		HY-S	T-ZIP			l Change	CTL Addition	
TITLE			DELETE	5.11				L.	] Change	Addition	
NAME					IAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			☐ DELETE	6. 1 1	CITY - S TULLE	1-ZIP			Change	Additio	
TITLE			F1 Meete		NAME	}		h			
NAME STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					CHTY-S						
14. I do hereby certify that to eath; that I	certify that the information supplied the information indicated on this annual am an officer or director of the corporablock 12 or Block 13, 189 iged, or o	with this ual repo oration a on an a	s filing is voluntarily fur ort or supplemental and or the receiver or trust ittachment with an add				for the exemption stated in Section 115 rate and that my signature shall have the his report as required by Chapter 607, F	9.07(3)(k), Flor e same legal e Torida Statute	da Statu ffect as i s; and th	tes. I further if made unde lat my name	

JIM

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR