FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V14300** **(0)**

1. Corporation Name

ORIGINAL HEADLINER, INC.

Principal Place of Business	Mailing Address
2126 S W 34TH ST SUITE G-88 FAINESVILLE FL 32608 US	2126 SW 34TH ST SUITE G-88 FAINESVILL FL 32608 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/13/1992**
3a. Date of Last Report: **04/14/1994**

4. FEI Number: **65-0315502** ☐ 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 2126 S.W. 34th St	26 5402 N.W. 80th Ave
Suite, Apt. #, etc. 22 5402 N.W. 80th Ave	Suite, Apt. #, etc. 27
City & State 23 Gainesville, FL.	City & State 28 Gainesville, FL
Zip 24 32605	Zip 29 32605
County 25 Alachua	County 30 Alachua

9. Name and Address of Current Registered Agent

DONALDSON, D THOMAS
5548 SW 37TH DR
G-88
FAINSVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name: Donaldson, D. Thomas
82 Street Address (P.O. Box Number is Not Acceptable): 5548 S.W. 37th Dr.
83
84 City: Gainesville FL 85 Zip Code: 32608

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: D. Thomas Donaldson DATE: 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	DONALDSON, D THOMAS	12 NAME	
STREET ADDRESS	5548 SW 37TH DR	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	
TITLE	VPSD	21 TITLE	☐ Change ☐ Addition
NAME	DONALDSON, LINDA M	22 NAME	
STREET ADDRESS	5548 SW 37TH DR	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: D. Thomas Donaldson 4/25/95 (904) 378-6583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034442 CP