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 MAY 16 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V29290** **(6)**

1. Corporation Name
MR. T.V., INC.

Principal Place of Business	Mailing Address
1310 NORTH BOULEVARD WEST LEESBURG FL 34748	1310 NORTH BOULEVARD WEST LEESBURG FL 34749

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/13/1992**
3a. Date of Last Report: **05/31/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-3124174** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24
Country — 25
Zip — 29
Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OLLIPHANT, SAMUEL R.
9785 S.E. HIGHWAY 42
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	OLLIPHANT, SAMUEL R.	1.2 NAME	
STREET ADDRESS	9785 S.E. HWY. 42	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	PICKRELL, BRENDA LOUISE	2.2 NAME	
STREET ADDRESS	606 HALL STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	OLLIPHANT, MARGARET RUTH	3.2 NAME	
STREET ADDRESS	9785 S.E. HWY. 42	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	TOTH, ARLEEN RUTH	4.2 NAME	
STREET ADDRESS	14113 SE 45TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: Samuel R Olliphant 5-11-95 904-787-8552
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Samuel R. Olliphant

0402635 FP