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 # V29290 (6)

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

Principal Place of Business
1310 NORTH BOULEVARD WEST
LEESBURG FL 34748

Mailing Address
1310 NORTH BOULEVARD WEST
LEESBURG FL 34748

2. Principal Place of Business
21 1310-A North Blvd. W.
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1310-A North Blvd. W.
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 04/13/1992
3a. Date of Last Report: 05/16/1995
4. FEI Number: 59-3124174 ☐ 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

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

10. Name and Address of New Registered Agent

81 Name: Olliphant, Samuel R.
82 Street Address (P.O. Box Number is Not Acceptable): 1008 N. Lee St.
83
84 City: Leesburg, FL 85 Zip Code: 34748

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: Samuel R Olliphant — DATE: 4-22-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	OLLIPHANT, SAMUEL R.	
STREET ADDRESS	9785 S.E. HWY. 42	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	DV	☒ DELETE
NAME	PICKRELL, BRENDA LOUISE	
STREET ADDRESS	606 HALL STREET	
CITY-ST-ZIP	FRUITLAND PARK FL	
TITLE	DT	☒ DELETE
NAME	OLLIPHANT, MARGARET RUTH	
STREET ADDRESS	9785 S.E. HWY. 42	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	DS	☒ DELETE
NAME	TOTH, ARLEEN RUTH	
STREET ADDRESS	14113 SE 45TH COURT	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(x), 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 — 4-22-96 — 352-787-8552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)