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 -1 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **256827** **(7)**

1. Corporation Name

OKEECHOBEE BROADCASTERS INC

Principal Place of Business	Mailing Address
3101 SO HWY 441 P.O. BOX 1247 OKEECHOBEE FL 34974	3101 SO HWY 441 P.O. BOX 1247 OKEECHOBEE FL 34974

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/12/1962
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-0950644 ☐ 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

STOKES,WILLIAM A.
2100 S.W. 24TH AVENUE.
OKEECHOBEE FL 34974

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: William A. Stokes WILLIAM A. STOKES C/D 4/11/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	☒ Change	☐ Addition
NAME	CASTLE, CHARLES C	12 NAME	DELETE	
STREET ADDRESS	2512 SO 13TH ST	13 STREET ADDRESS		
CITY ST ZIP	FT PIERCE, FL 00000	14 CITY ST ZIP		
TITLE	VT	21 TITLE	☒ Change	☐ Addition
NAME	STOKES, WILLIAM A	22 NAME	C/D	
STREET ADDRESS	2100 S.W. 24TH AVENUE.	23 STREET ADDRESS		
CITY ST ZIP	OKEECHOBEE, FL 00000	24 CITY ST ZIP		
TITLE	S	31 TITLE	☒ Change	☐ Addition
NAME	STOKES, CALLIE MAE	32 NAME	D	
STREET ADDRESS	2100 S.W. 24TH AVENUE.	33 STREET ADDRESS		
CITY ST ZIP	OKEECHOBEE, FL 00000	34 CITY ST ZIP		
TITLE		41 TITLE	☐ Change	☒ Addition
NAME		42 NAME	P/D STOKES, RICHARD A	
STREET ADDRESS		43 STREET ADDRESS	3103 S. E. 25th STREET	
CITY ST ZIP		44 CITY ST ZIP	OKEECHOBEE, FL 34974	
TITLE		51 TITLE	☐ Change	☒ Addition
NAME		52 NAME	VP/D STOKES, WILLIAM R.	
STREET ADDRESS		53 STREET ADDRESS	13130 FLAMINGO DRIVE	
CITY ST ZIP		54 CITY ST ZIP	HOBE SOUND, FL 33455	
TITLE		61 TITLE	☐ Change	☒ Addition
NAME		62 NAME	S/D MEEKS, SHARON LeELLEN	
STREET ADDRESS		63 STREET ADDRESS	6245 6th STREET	
CITY ST ZIP		64 CITY ST ZIP	VERO BEACH, FL 32962	

4/5/16

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: William A. Stokes WILLIAM A. STOKES C/D 4/11/95 813-763-3101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0383370 CP