

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

DOCUMENT # H54083

(1)

1. Corporation Name

PALM COAST COMMUNICATIONS, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -1 AM 11:44

Principal Place of Business

**6690 N US ONE
FT PIERCE FL 34946
US**

Mailing Address

**6690 N US ONE
FT PIERCE FL 34946
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/18/1985

3a. Date of Last Report

03/01/1994

4. FEI Number

59-2568627

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PAGANO, JEANETTE
6690 N US ONE
FT PIERCE FL 34946**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when nominating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAGANO, JAMES
STREET ADDRESS	6690 N US ONE
CITY- ST- ZIP	FT PIERCE FL
TITLE	VD
NAME	RADAKOVIC, JOANN
STREET ADDRESS	6690 N US ONE
CITY- ST- ZIP	FT PIERCE FL
TITLE	STD
NAME	PAGANO, JEANETTE
STREET ADDRESS	6690 N US ONE
CITY- ST- ZIP	FT PIERCE FL
TITLE	D
NAME	PAGANO, PAUL
STREET ADDRESS	6690 N US ONE
CITY- ST- ZIP	FT PIERCE FL
TITLE	D
NAME	PAGANO, CONNIE
STREET ADDRESS	6690 N US ONE
CITY- ST- ZIP	FT PIERCE FL
TITLE	
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 report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/95

Date

461-1055

Telephone Number