FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUL 11 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41988 (9)

1. Corporation Name

NORTH FLORIDA DX ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
200 W FORSYTH ST SUITE 1004 JACKSONVILLE FL 32202	200 W FORSYTH ST SUITE 1004 JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 02/06/1991
3a. Date of Last Report: 03/02/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 11432 LOWNDESBORO DRIVE	26 11432 LOWNDESBORO DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip 24 32223-1376 Country 25 USA	Zip 29 32223-1376 Country 30 USA

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NIPPER, JAMES L. 200 W FORSYTH ST SUITE 1004 JACKSONVILLE FL 32202	81 Name: JAMES L. HUGHES 82 Street Address (P.O. Box Number is Not Acceptable): 11432 LOWNDESBORO DRIVE 83 84 City: JACKSONVILLE FL 85 Zip Code: 32223-1376

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] JAMES L. HUGHES, TREASURER 6-22-95
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	VD	11 TITLE	PD	☒ Change ☐ Addition
NAME	KNOX, RICHARD	12 NAME	JAMES IORI	
STREET ADDRESS	5172 PINE AVE	13 STREET ADDRESS	814 BASSWOOD COURT	
CITY-ST-ZIP	ORANGE PARK FL	14 CITY-ST-ZIP	ORANGE PARK, FL 32065-6256	
TITLE	PD	21 TITLE	VD	☒ Change ☐ Addition
NAME	GRAHAM, JAMES P.	22 NAME	RICHARD HICKS	
STREET ADDRESS	1127 CHERRY ST	23 STREET ADDRESS	7002 DEAUVILLE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JACKSONVILLE, FL 32205-4530	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	MARTIN, WILLIAM	32 NAME	JOSEPH CUMM	
STREET ADDRESS	2544 BOTTOMRIDGE ROAD	33 STREET ADDRESS	3599 PEORIA ROAD	
CITY-ST-ZIP	ORANGE PARK FL	34 CITY-ST-ZIP	ORANGE PARK, FL 32065-7626	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	HUGHES, JAMES	42 NAME		
STREET ADDRESS	11432 LOWNDESBORO DRIVE	43 STREET ADDRESS	300001536233	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	-07/12/95--01035--004	
TITLE		51 TITLE	*****61.25	☐ 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JAMES L. HUGHES 6-22-95 (904) 772-4423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

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