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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am § Secretary of State 03-04-1999 90163 037 ****61.25

DOCUMENT # N41988

1. Corporation	n Name										
NORTH	FLORIDA DX ASSOCIATION,	INC.	-				1				
11011111			-								
Principal Place	e of Business	Ma	ailing Address								
11432 LOWNDESBORO DRIVE 11432 LOWNDESBORO DRIV								E HEREIGHT DIE BERGE HERE HERE H	HALIAH BIAN	91811 81811 BIBLI 818	1 16 10
JACKSONVILLE FL 32223-1376 JACKSONVILLE FL 32223-13											NI DIBUNIN
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Principal P	lace of Business	2a.	Mailing Address					3. Date incorporated or Qualife	d		1
21		26						02/06/1991			
Suite, Apt.	#, etc.	L	Suite, Apt. #, etc.					4. FEI Number	'		plied For-
22		27						NOT APPLICABLE			t Applicable
City & Stat	e	Щ	City & State					5. Certifcate of Status Desired		\$8.75 A	
23		28									
Zip	Country	Ь	Zip	,	intry			6. Election Campaign Financin	g 🗆	\$5.00 Added t	7
24	25	29		30	ſ		<u>_</u>	Trust Fund Contribution 10. Name and Address of New	Pagieter		io rees
	9. Name and Address of Current	Regis	tered Agent		81	Name		10. Maille allu Audiess of feet	Kelister	ad Agent	
					1	Maine					
HUGHES,					82	Street A	Address	s (P.O. Box Number is Not Acce	otable)		
11432 LO	wndesboro drive				83						
JACKSON	IVILLE FL 32223-1376				55						
					84	City				85 Zip (Code
											I .
	4.6 11 047 0500		47.4500 Florido Otodo	4 44	1			tion submits this statement for th		of changing its	registered
11. Pursuant office or r	to the provisions of Sections 617.0502	2 and 6	17.1508, Florida Statu da. Such change was	tes, the a	bove by t	named of the corpo	corpora pration's	ation submits this statement for the board of directors. I hereby acc		of changing its pointment as re	registered gistered
11. Pursuant office or ragent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State of familiar with, and accept the obligation	Florid fons of,						ation submits this statement for the board of directors. I hereby acc		of changing its pointment as re	registered gistered
11. Pursuant office or ragent. La	The Total		- JAME	s L.	H	ubill	25	1-7		of changing its pointment as re	registered gistered
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SIGNATURE	Signature (yield or printed name of registered agent OFFICERS AND	and title	SAME if applicable. (NOT	S L. E: Registered	Agent	ubill	equired wf	nen reinstating) ADDITIONS/CHANGES TO C	e purpose ept the ap DATE DEFFICERS	AND DIRECTO	
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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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATUR