FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE Jan 28 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 121338 (8) HAVEN RADIO CO., INC. Principal Place of Business Mailing Address 221-W LAKE SUMMIT DR 221-W LAKE SUMMIT DR WINTER HAVEN FL 33884-1528 WINTER HAVEN FL 33884-1528 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1929 2. Principal Place of Business 2a, Mailing Address 4 FEI Number Applied For 21 26 Not Applicable 59-0285590 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 30 Yes Yes 24 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name JOINER, JAMES T., P.A. 190 AVE A., NW Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33882 83 City Zip Code 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition 1.2 NAME NAME HERL, SANDRA 295 E COLUMBIA ST 1.3 STREET ADDRESS STREET ADDRESS LAKE ALFRED FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE YONALLY, IRENE 2.2 NAME NAME 221 W LK SUMMIT 2.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Addition 3.1 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 rue 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.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

TUP / FUIRED

DELETE

1-19-98 957-4279

☐ Change

___ Addition