


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 225457 (1)</b>					
1. Corporation Name <b>EDGEWOOD TV SERVICE, INC.</b>					
Principal Place of Business <b>845 SO EDGEWOOD AVE JACKSONVILLE FL 32205</b>			Mailing Address <b>845 SO EDGEWOOD AVE JACKSONVILLE FL 32205-5362</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/30/1959</b>	
21 State, Apt. #, etc.		26 State, Apt. #, etc.		3a. Date of Last Report <b>05/01/1996</b>	
22 City & State		27 City & State		4. FEI Number <b>59-0870573</b>	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>WROTEN, LAWRENCE S. 845 S. EDGEWOOD AVENUE JACKSONVILLE FL 32205-2362</b>			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			<b>FL</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PTD	<input type="checkbox"/> DELETE			
NAME	WROTEN, LAWRENCE S				
STREET ADDRESS	5781 LONGBRANCH CEM RD				
CITY-ST-ZIP	JACKSONVILLE, FL 00000				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WROTEN, JARED				
STREET ADDRESS	5781 LONGBRANCH CEM RD				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	WROTEN, PATRICIA R				
STREET ADDRESS	5781 LONGBRANCH CEM RD				
CITY-ST-ZIP	JACKSONVILLE, FL 00000				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					
14. I do 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 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: <i>Lawrence S. Wroten</i> Lawrence S. Wroten 418-57 904-384-0441					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)