


FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90022 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 225457

1. Corporation Name

EDGEWOOD TV SERVICE, INC.

Principal Place of Business

**845 SO EDGEWOOD AVE
JACKSONVILLE FL 32205**

Mailing Address

**845 SO EDGEWOOD AVE
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1959

4. FEI Number

59-0870573

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**8. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WROTEN, LAWRENCE S.
845 S. EDGEWOOD AVENUE
JACKSONVILLE FL 32205-2362**

10. Name and Address of New Registered Agent

81 Name

MARTY T ROACH

82 Street Address (P.O. Box Number is Not Acceptable)

565 W 49TH STREET

83

84 City

JACKSONVILLE**FL**

85

Zip Code
32208

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	WROTEN, LAWRENCE S	
STREET ADDRESS	5781 LONGBRANCH CEM RD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WROTEN, JARED	
STREET ADDRESS	5781 LONGBRANCH CEM RD	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	VSD	<input checked="" 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

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROACH, MARTY T	
1.3 STREET ADDRESS	565 W 49TH STREET	
1.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32208	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marty T. Roach

4-19-99

904-384-6441

Date

Daytime Phone #

CR2034 (11/98)