

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 340909 (1)

1. Corporation Name

JACKSONVILLE SOUND & COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

**5021 STEPP AVENUE
JACKSONVILLE FL 32216**

**5021 STEPP AVENUE
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1969

3a. Date of Last Report

04/18/1994

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

4. FEI Number

59-1229041

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**SICK, WILSON W., JR.
8070 LAKECREST DR.
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Wilson W. Sick, Jr.

Chairman

4/13/95

(Signature, typed or printed name of registered agent and, if applicable, the chairman)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DP
SICK, ROBERT A
3509 S OCEAN DR
JACKSONVILLE BCH FL**

**SVD
HUNTER, FREDERICK S
13112 MANDARIN ROAD
JACKSONVILLE FL**

**VD
BRAUN, WILLIAM L.
7240 SECRET WOODS DR.
JACKSONVILLE FL**

**CTD
SICK, WILSON W., JR.
8070 LAKECREST DR.
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE
1. 2 NAME
1. 3 STREET ADDRESS
1. 4 CITY - ST - ZIP
2. 1 TITLE
2. 2 NAME
2. 3 STREET ADDRESS
2. 4 CITY - ST - ZIP
3. 1 TITLE
3. 2 NAME
3. 3 STREET ADDRESS
3. 4 CITY - ST - ZIP
4. 1 TITLE
4. 2 NAME
4. 3 STREET ADDRESS
4. 4 CITY - ST - ZIP
5. 1 TITLE
5. 2 NAME
5. 3 STREET ADDRESS
5. 4 CITY - ST - ZIP
6. 1 TITLE
6. 2 NAME
6. 3 STREET ADDRESS
6. 4 CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wilson W. Sick, Jr.

(Signature and typed or printed name of signing officer or director)

4/13/95

(Date)

904-737-3511

(Telephone Number)