

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 30 AM 11:49

DOCUMENT # **404081** (2)

1. Corporation Name  
**FLORIDA T.V. SERVICE, INC.**

Principal Place of Business: 118 E 6TH AVE, TALLAHASSEE FL 32303  
Mailing Address: 118 E 6TH AVE, TALLAHASSEE FL 32310, US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/29/1972**  
3a. Date of Last Report: **01/20/1994**  
4. FEI Number: **59-1402192**  
Applied For:  Applied For,  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes,  No

2. Principal Place of Business (21-23)  
2a. Mailing Address (24-26)  
22. Suite, Apt. #, etc. (27)  
23. City & State (28)  
24. Zip (29), Country (30)

9. Name and Address of Current Registered Agent  
**ELOFSON, RUSSELL B**  
**118 E. 6TH AVENUE**  
**TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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	<b>T</b>
NAME	<b>MARTS, THAYER</b>
STREET ADDRESS	<b>2100 NAPOLEON BONAPARTE</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 00000</b>
TITLE	<b>PD</b>
NAME	<b>ELOFSON, RUSSELL B</b>
STREET ADDRESS	<b>118 E SIXTH AVE</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 00000</b>
TITLE	<b>VD</b>
NAME	<b>ELOFSON, VIOLA F</b>
STREET ADDRESS	<b>118 E SIXTH AVE</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 00000</b>
TITLE	<b>TS</b>
NAME	<b>MARTS, THAYER</b>
STREET ADDRESS	<b>2100 NAPOLEON BONAPARTE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Viola Elofson Vice President 1-26-95 224-4617  
DATE: \_\_\_\_\_  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: VIOLA ELOFSON