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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 04 1997 8:00am

Secretary of State

362-622-7700

4-1-97

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 611270

(0)

BROADCASTERS' GENERAL STORE, INC.

Principal Plac 2480 SE 52NE OCALA FL 33- US		Mailing Address 2480 SE 52ND ST OCALA FL 34480-7574 US		3. Date Incorporated or Qualified	3a. Date of Last Report
				02/27/1979	02/09/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1888397	Not Applicable
Suite, Apt. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23	te	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zιρ	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30		Yes No
	9, Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
	UTE, WILLIAM G.		o Name		j
	06 Topsail CT Dy Lake Fl 32159		82 Street Add	ress (P.O. Box Number is Not Acceptabl	θ)
LAL	JT LAKE PL 32138		63		
			84 City		FL 85 Zip Code
agent. La	registered agent, or zoon, in the state arm familiar with, and accept the obligation of segment spread make of registered age.	ations of, Section 607.0505, F	Portion Statutes. OTE: Registered Agent signature requi	tion's board of directors. I hereby acception is board of directors. I hereby acception is board of directors.	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
THE	ST	DELETE	1,1 TITLE		ERS AND DIRECTORS IN 12 Change Addition
NAME	KERSTIN, KERRY		1.2 NAME		5
STREET ADDRESS			1.3 STREET ADDRESS		្រ្តី
C-TY - ST - ZIP	OCALA FL		1.4 CHTY-ST-ZIP		
TITLE	VP CLARK, KANDY	☐ DELETE	2.1 TITLE		Change L Addition C
NAME	5535 SADDLEBACK COURT		2.2 NAME		
STREET ADDRESS	LADY LAKE FL		2.3 STREET ADDRESS		
CITY - ST - 7IP TITLE	P	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	KERSTIN, DAVID A.		3.2 NAME		
STREET ADDRESS	2480 SE 52ND STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		3.4. CITY-ST-ZIP		
TITLE	VO	☐ DELETE	4.1 TITLE		Change Addition
NAME	SHUTE, CHRIS W.		4. 2 NAME		
STREET ADDRESS	538 S.W. 48 STREET RD.		4 3 STREET ADDRESS		
CITY+S1-ZIP	OCALA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	1		5.3 STREET ADDRESS		
CHY-S1-26		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE			6.1 TITLE 6.2 NAME		FT ANNIBAL FT WORKALL
NAME STREET ADORESS			6.2 NAME 6.3 STREET ADDRESS		
OTTY-ST-ZIP			6.4 CITY - ST- ZIP		
14. I do hero	by certify that the information supplied	d with this filing does not qua	lify for the exemption state	d in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
informati Lam an d	ion indicated on this annual report or s	supplemental annual report is the receiver or trustee empo	true and accurate and that wered to execute this repo	it my signature shall have the same legal ort as required by Chapter 607, Florida S	l effect as if made under oath; that