

**CORPORATION
ANNUAL REPORT
1995**

Florida B. Pizzini
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY -1 PM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 614648

(4)

1. Corporation Name

WILSON TV SALES, INC.

Principal Place of Business

Mailing Address

**14730 NE 7TH COURT
N MIAMI FL 33161**

**14730 NE 7TH COURT
N MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1979

3a. Date of Last Report

05/11/1994

2. Principal Place of Business

2a. Mailing Address

21 163 GULF ISLAND DR

26 163 GULF ISLAND DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 FORT MYERS, FL

28 FORT MYERS, FL

Zip

Country

Zip

Country

24 33431

25 LEE

29 33431

30 LEE

4. FEI Number

59-1886864

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

7. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIZZI, DAVID B.

14730 WEST DIXIE HWY. 163 GULF ISLAND DR

N MIAMI FL 33184

FT. MYERS, FL 33431

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
PIZZI, DAVID B.
14730 NE 7 CT
N MIAMI FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☒ Change ☐ Addition
**163 GULF ISLAND DR
FT. MYERS, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
RICHARDSON, SCOTT
14730 NE 7 CT
N MIAMI FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ 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 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:

David B. Pizzi

DAVID B. PIZZI

4-25-95

(205) 949-4730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number