FILE NOW: FILING FEE AFTER MAY 1 IS $ 5.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **625969** **(1)**

1. Corporation Name

JACKSONVILLE SPECIALTY ADVERTISING, INC.

Principal Place of Business
6030 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

Mailing Address
6030 ARLINGTON EXPRESSW
JACKSONVILLE FL 32211

3. Date Incorporated or Qualified: **06/14/1979**	3a. Date of Last Report: **03/15/1995**
4. FEI Number: **59-1927492**	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	

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

PETERSON, SCOTT E
4605 ARLON LANE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: SCOTT E. PETERSEN
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: Scott Peterson — SCOTT E. PETERSEN — DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	PETERSEN, SCOTT EDWARD	4605 ARLON LANE	JACKSONVILLE, FL 00000	☐
VD	VANDERHOFF, CAROL	3591 HEDDRICK STREET	JACKSONVILLE, FL 00000	☐
ST	GIBBS, LORRAINE	10105 FRASER RD.	JACKSONVILLE, FL 00000	☒
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		4620 ALGONQUIN AVE.		☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished. I also certify that the information indicated on this annual report or supplemental annual report does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further swear or affirm that I am an officer or director of this corporation or a receiver or trustee and that the information 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 this corporation or a receiver or trustee and that I have the authority 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 attached sheet with an address.

SIGNATURE: Scott Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)