SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:47

DOCUMENT # 646078 (6)

1. Corporation Name
FLORIDA DISTINCTIVE ADVERTISING COMPANY

Principal Place of Business
604 W 4TH ST. N.
NEWTON IA 50208

Mailing Address
604 W 4TH ST. N.
NEWTON IA 50208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1979
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-1967360 ☐ 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 tangible or intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

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

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

9. Name and Address of Current Registered Agent

CORPORATION COMP OF MIAMI
1500 EDWARD BALL BLDG
100 CHOPIN PLAZA
MIAMI FL 33131

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	P D ☒ Change ☐ Addition
NAME	STEVENSON, DANIEL	12 NAME	
STREET ADDRESS	604 W 4TH ST. N.	13 STREET ADDRESS	
CITY, ST, ZIP	NEWTON IA	14 CITY, ST, ZIP	
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	GENESER, JOSEPH	22 NAME	} — Delete (Retired)
STREET ADDRESS	604 W 4TH ST. N.	23 STREET ADDRESS	
CITY, ST, ZIP	NEWTON IA	24 CITY, ST, ZIP	
TITLE	T	31 TITLE	T S D ☒ Change ☐ Addition
NAME	LUNDQUIST, BRAD	32 NAME	
STREET ADDRESS	604 W 4TH ST N.	33 STREET ADDRESS	
CITY, ST, ZIP	NEWTON IA	34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 119.07(3)(i), 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: [signature] Brad Lundquist 6-20-95 515 792 9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (3/95)

0101010 FN