

AMENDED

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT #

1. Corporation Name

653706

Florida Specialty Advertising, Inc.

Principal Place of Business

Mailing Address

same

1851 Executive Center Dr.  
Jacksonville, Florida 32207

2. Principal Place of Business

21 Executive Ctr. Dr.

Suite, Apt. #, etc.

22 Suite 103

City & State

23 Jacksonville, FL.

Zip

24 32207

Country

25 USA

2a. Mailing Address

26 same as above

Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified  
1/28/80

3a. Date of Last Report  
3/6/96

4. FEI Number

59-2965103

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

9. Name and Address of Current Registered Agent

Robert G. Metzger  
8295-5 Western Way Cir.  
Jacksonville, FL. 32256

10. Name and Address of New Registered Agent

81 Name

Timothy Pike

82 Street Address (P.O. Box Number is Not Acceptable)

1851 Executive Center Dr.

83

Suite 103

84

City

Jacksonville

FL

85

Zip Code

32207

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President/Director	<input checked="" type="checkbox"/> DELETE
NAME	Nancy R. Metzger	
STREET ADDRESS	8295 Western Way Circle	
CITY-ST-ZIP	Jacksonville, Florida 32256	
TITLE	Sec/Trea./Director	<input checked="" type="checkbox"/> DELETE
NAME	Robert Metzger	
STREET ADDRESS	8295 Western Way Cir.	
CITY-ST-ZIP	Jacksonville, Florida 32256	
TITLE	Vice Pres./Director	<input checked="" type="checkbox"/> DELETE
NAME	LeAnn "Clark" Matlock	
STREET ADDRESS	8295 Western Way Circle	
CITY-ST-ZIP	Jacksonville, Florida 32256	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Timothy Pike	
1.3 STREET ADDRESS	1851 Executive Center Dr.	
1.4 CITY-ST-ZIP	Jacksonville, Florida 32207	
2.1 TITLE	Sec/Trea./Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Julian Rainwater	
2.3 STREET ADDRESS	1851 Executive Ctr. Dr. Suite 103	
2.4 CITY-ST-ZIP	Jacksonville, Florida 32207	
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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-96 (904) 398-0590

Date

Day: me Phone: #

APPROVED  
AND  
FILED

96 OCT 28 PM 12:02

SECRETARY OF STATE  
SANDRA B. MORTHAM  
-10/29/96--01014--002  
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-10/29/96--01014--001  
\*\*\*\*\*61.00 \*\*\*\*\*61.00

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