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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F09764** (4)

1. Corporation Name

ALLRITE TV OF MIAMI SPRINGS, INCORPORATED

Principal Place of Business

393 WESTWARD DRIVE
C/O LOYD T. PUTMAN, JR.
MIAMI SPRINGS FL 33166

Mailing Address

393 WESTWARD DRIVE
C/O LOYD T. PUTMAN, JR.
MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/17/1980

3a. Date of Last Report
02/16/1994

4. FEI Number
59-2034826

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.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**PUTMAN, LOYD T., JR.
393 WESTWARD DRIVE
MIAMI SPRINGS FL 33166**

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

Signature of registered agent or person named as registered agent (and the applicable)

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **PUTMAN, LOYD T JR.**
STREET ADDRESS **393 WESTWARD DR**
CITY-ST-ZIP **MIAMI, SPRINGS FL 00000**

TITLE **D**
NAME **PUTMAN R.**
STREET ADDRESS **393 WESTWARD DR**
CITY-ST-ZIP **MIAMI, SPRINGS FL 00000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I declare by certifying that the information supplied with this filing is voluntarily furnished and that the information is not based on this annual report or supplemental annual reports that I am an officer or director of the corporation or the receiver or trustee and appears in Block 12 or Block 13. If changed, or as an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF AGENT AND OFFICER OR

AGENT

2/27/95 305-847-5611
Chapter 190.05