SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE MAY 1: $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 JUL -3 AM 8:32

DOCUMENT # **F12292** **(1)**

1. Corporation Name

ERVIN BRADDY COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
~~1029 NW SANTA FE BLVD.~~ P.O. BOX 1647 HIGH SPRINGS FL 32643-0647	~~1029~~ NW SANTA FE BLVD. P.O. BOX 1647 HIGH SPRINGS FL 32643-0647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1980**
3a. Date of Last Report: **05/26/1994**
4. FEI Number: **59-2127138** ☐ 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 actively engaged in intrastate business in Florida as defined in s. 607.0501, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1215 N.W. Santa Fe Blvd	26 1215 N.W. Santa Fe Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 32643-1647 Zip / 25 Country	29 32643-1647 Zip / 30 Country

9. Name and Address of Current Registered Agent

WAGNER, JOHN M.
28 NORTH MAIN STREET, P.O. BOX 1477
HIGH SPRINGS FL 32643

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)
Signature, typed or printed name of registered agent and title if applicable — Typed Registered Agent signature required when necessary

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVP	11 TITLE		☒ Change ☐ Addition
NAME	BRADDY, ERVIN	12 NAME		
STREET ADDRESS	~~3032 NW 16TH TERRACE~~	13 STREET ADDRESS	R.t. 2 Box 849 N/A	
CITY ST ZIP	~~GAINESVILLE FL~~	14 CITY ST ZIP	Lake Butler, FL 32054	
TITLE	ST	21 TITLE		☒ Change ☐ Addition
NAME	BRADDY, KIMBERLA LOUIS	22 NAME		
STREET ADDRESS	~~3032 NW 16TH TERRACE~~	23 STREET ADDRESS	R.t. 2 Box 849 N/A	
CITY ST ZIP	~~GAINESVILLE FL~~	24 CITY ST ZIP	Lake Butler, FL 32054	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		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		

CR2E034 (3/95)

14. I (We) 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: Ervin Braddy 6-16-95 904-454-3001
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone

0130630 PP