

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000002938 (8)**

1. Corporation Name

HOG COMMUNICATIONS, INC.



Principal Place of Business

**1226 FORD ST.
IRVING TX 75061**

Mailing Address

**1226 FORD ST.
IRVING TX 75061**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**JOHNSON, KENNETH O
906 N. TRIPLET DR.
CASSELBERRY FL 32707**

3. Date Incorporated or Qualified

06/06/1994

3a. Date of Last Report

01/26/1995

4. FET Number

75-2458962

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

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, typed or printed name of registered agent, if applicable

Signature, typed or printed name of new registered agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ DELETE
NAME **SANSOM, JIMMY C**
STREET ADDRESS **4705 MOSS ROSE**
CITY-STATE-ZIP **FORT WORTH TX**

TITLE **V** ☐ DELETE
NAME **JOHNSON, KENNETH O**
STREET ADDRESS **906 N. TRIPLET DR.**
CITY-STATE-ZIP **CASSELBERRY FL**

TITLE **V** ☒ DELETE
NAME **COSTLEY, W H**
STREET ADDRESS **3423 PALM DR.**
CITY-STATE-ZIP **PUNTA GORDA FL**

TITLE **ST** ☐ DELETE
NAME **WALKER, LINDA G**
STREET ADDRESS **1508-A MARYLAND DR.**
CITY-STATE-ZIP **IRVING TX**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1

1.2

1.3

1.4

2.1

2.2

2.3

2.4

3.1

3.2

3.3

3.4

4.1

4.2

4.3

4.4

5.1

5.2

5.3

5.4

6.1

6.2

6.3

6.4

6.5

6.6

6.7

6.8

6.9

6.10

6.11

6.12

6.13

6.14

6.15

6.16

6.17

6.18

6.19

6.20

6.21

6.22

6.23

6.24

6.25

6.26

6.27

6.28

6.29

6.30

6.31

6.32

6.33

6.34

6.35

6.36

6.37

6.38

6.39

6.40

6.41

6.42

6.43

6.44

6.45

6.46

6.47

6.48

6.49

6.50

6.51

6.52

6.53

6.54

6.55

6.56

6.57

6.58

6.59

6.60

6.61

6.62

6.63

6.64

6.65

6.66

6.67

6.68

6.69

6.70

6.71

6.72

6.73

6.74

6.75

6.76

6.77

6.78

6.79

6.80

6.81

6.82

6.83

6.84

6.85

6.86

6.87

6.88

6.89

6.90

6.91

6.92

6.93

6.94

6.95

6.96

6.97

6.98

6.99

6.100

6.101

6.102

6.103

6.104

6.105

6.106

6.107

6.108

6.109

6.110

6.111

6.112

6.113

6.114

6.115

6.116

6.117

6.118

6.119

6.120

6.121

6.122

6.123

6.124

6.125

6.126

6.127

6.128

6.129

6.130

6.131

6.132

6.133

6.134

6.135

6.136

6.137

6.138

6.139

6.140

6.141

6.142

6.143

6.144

6.145

6.146

6.147

6.148

6.149

6.150

6.151

6.152

6.153

6.154

6.155

6.156

6.157

6.158

6.159

6.160

6.161

6.162

6.163

6.164

6.165

6.166

6.167

6.168

6.169

6.170

6.171

6.172

6.173

6.174

6.175

6.176

6.177

6.178

6.179

6.180

6.181

6.182

6.183

6.184

6.185

6.186

6.187

6.188

6.189

6.190

6.191

6.192

6.193

6.194

6.195

6.196

6.197

6.198

6.199

6.200

6.201

6.202

6.203

6.204

6.205

6.206

6.207

6.208

6.209

6.210

6.211

6.212