

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90119 011 ***150.00

DOCUMENT # F94000004364

1. Corporation Name
THOMAS-MCCANTS MEDIA INC.

Principal Place of Business

JACKSONVILLE BLACK PAGES
9951 ATLANTIC BLVD #115
JACKSONVILLE FL 32225
US

Mailing Address

THOMAS MCCANTS MEDIA INC.
1913-MARION STREET..SUITE 202
COLUMBIA SC 29201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1994

4. FEI Number

54-1703256

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **Jacksonville Black Pages**

26 Suite, Apt. #, etc.

22 **101 Century 21 Dr. Suite 119 E**

27 Suite, Apt. #, etc.

23 **Jacksonville Fla.**

28 City & State

24 **32216** 25 **Duval**

29 Zip Country 30

9. Name and Address of Current Registered Agent

DAVIDSON, THELMA
9951 ATLANTIC BOULEVARD #115
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name **same**

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

101 Century 21 Dr. Suite 119 E

83

84 City **Jacksonville**

FL

85 Zip Code **32216**

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

Thelma Davidson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE
NAME **MCCANTS, GERRY**
STREET ADDRESS **355 CRAWFORD STREET SUITE 402**
CITY-ST-ZIP **PORTSMOUTH VA**

TITLE **VPS** ☐ DELETE
NAME **THOMAS, DARRIN**
STREET ADDRESS **105 EASTBRANCH RD**
CITY-ST-ZIP **COLUMBIA SC 29223**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Thelma Davidson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99
Date

(803) 254-6404
Daytime Phone #

CR2E034 (11/98)