

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G37823** (3)
1. Corporation Name
WEST FLORIDA COMMUNICATIONS, INCORPORATED



Principal Place of Business
**3883 N. PALAFOX STREET
PENSACOLA FL 32505**

Mailing Address
**3883 N. PALAFOX STREET
PENSACOLA FL 32505**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **PO Box 3561**
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

24 **32505**

29 **32505**

30 **FL**

9. Name and Address of Current Registered Agent

**GOLDSTEIN, LOU
4619 PEBBLE CREEK DR
PENSACOLA FL 32526**

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. Thereby 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

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PST	GOLDSTEIN, LOU	4619 PEBBLE CREEK DR.	PENSACOLA FL	☐
D	GOLDSTEIN, LOU	4610 PEBBLE CREEK DR.	PENSACOLA FL	☐
VD	GOLDSTEIN, GERALD R (2ND)	102 N JAMISON ST	PENSACOLA FL	☐
				☐
				☐
				☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
1				☐	☐	☐
2				☐	☐	☐
3				☐	☐	☐
4				☐	☐	☐
5				☐	☐	☐
6				☐	☐	☐
7				☐	☐	☐
8				☐	☐	☐
9				☐	☐	☐
10				☐	☐	☐

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(5)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lou Goldstein** 3-15-94 904-423-2533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)