

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

**APPROVED  
AND  
FILED**

**95 MAY -1 PM 3:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # G51317 (7)**

1. Corporation Name

**YORUBA COMMUNICATIONS, INC.**

Principal Place of Business

Mailing Address

**602 N.W. 9TH AVE.  
GAINESVILLE FL 32601**

**P.O. BOX 12675  
GAINESVILLE FL 32604**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/26/1983**

3a. Date of Last Report

**07/07/1994**

4. FEI Number

**59-2359519**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, ADEYEMI ADEMOLA  
2007 N.W. FIFTH AVE.  
GAINESVILLE FL 32601**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**P  
SMITH, ADEYEMI A  
903 S. BOUNDARY ST.  
GAINESVILLE, FL 00000**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

☐ Change ☐ Addition

**000001492530  
-05/17/95--01181--015**

**\*\*\*\*\*200.00 \*\*\*\*\*200.00**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VT  
SMITH JR., ROBERT A.  
903 S. BOUNDARY ST.  
ARCHER FL**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**S  
RIVERS, CATHY  
7301 W. UNIVERSITY #104  
GAINESVILLE FL**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**D  
MOORE, W., JOSEPH E.  
903 S. BOUNDARY ST.  
GAINESVILLE FL**

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

☒ Change ☐ Addition

**DIRECTOR  
KAYINLA ADDIE  
903 S BOUNDARY ST. ARCHER, FL 32618**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(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:

**Adeyemi A. Smith**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-95**  
Date

**(904) 376-7335**  
Telephone Number

04/001 PP