

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 19 AM 10: 16

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DOCUMENT # H20023 (8)

1. Corporation Name

#1 RADIO, INC.

Principal Place of Business

Mailing Address

C/O H. BYRD MAPOLES
133 WARD BASIN RD.
MILTON FL 32583-5424

C/O H. BYRD MAPOLES
133 WARD BASIN RD.
MILTON FL 32583-5424

2. Principal Place of Business

2a. Mailing Address

21 7179 PRINTERS ALLEY

26 7179 PRINTERS ALLEY

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 MILTON, FL

28 MILTON, FL

24 32583

25 SANTA ROSA

29 32583

30 SANTA ROSA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/07/1984

3a. Date of Last Report

02/01/1995

4. FEI Number

59-2566323

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

10. Name and Address of New Registered Agent

MAPOLES, H. BYRD
133 WARD BASIN RD.
MILTON FL 32570

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

H. Byrd Mapoles

9-10-96

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent Signature required when reappointing)

DATE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PO
MAPOLES, H. BYRD
7150 PRINTERS ALLEY
MILTON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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

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

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

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

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

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

SIGNATURE:

H. Byrd Mapoles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-96

904-623-1330