

**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

DOCUMENT # **H84693** (1)
1. Corporation Name

HOLLADAY BROADCASTING CO., INC.

Principal Place of Business

Mailing Address

225 NORTHWEST HOLLYWOOD BOULEVARD
FORT WALTON BEACH FL 32549
US

POST OFFICE BOX 2347
FORT WALTON BEACH FL 32549
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1985	3a. Date of Last Report 05/01/1995
21	Suite, Apt #, etc	26	Suite, Apt #, etc	4. FEI Number 64-0723877	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199(3)(2), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____ <small>Signature must be printed name of registered agent and be not acceptable (NOTE: Registered Agent signature required when re-registering.)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	PTSD	<input type="checkbox"/> DELETE			
NAME	HOLLADAY, CLAY E.				
STREET ADDRESS	3436 HWY. 45 NORTH				
CITY - ST - ZIP	MERIDIAN MS				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	EDMISTON, GEORGIA R.				
STREET ADDRESS	1613 EAST MARIAH WAY				
CITY - ST - ZIP	FORT WALTON BEACH FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12 NAME					
13 STREET ADDRESS					
14 CITY - ST - ZIP					
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
22 NAME					
23 STREET ADDRESS					
24 CITY - ST - ZIP					
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
32 NAME					
33 STREET ADDRESS					
34 CITY - ST - ZIP					
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
42 NAME					
43 STREET ADDRESS					
44 CITY - ST - ZIP					
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
52 NAME					
53 STREET ADDRESS					
54 CITY - ST - ZIP					
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
62 NAME					
63 STREET ADDRESS					
64 CITY - ST - ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Clay E. Holladay, President

June 28, 1996 (601) 693-2661

Discharge

CR2E034 (3/96)