FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 18 PM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J51426 (1)

1. Corporation Name
R & D/MEDIACOMP OF FLORIDA, INC.

Principal Place of Business	Mailing Address
% ROBERT G. MENZIES 4600 ENTERPRISE AVENUE NAPLES FL 33942	% ROBERT G. MENZIES 4600 ENTERPRISE AVENUE NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/12/1987
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business
21 1120 Goodlette Road
22 Suite, Apt. #, etc.
23 City & State: Naples, Florida
24 Zip: 33940
25 Country: Collier

2a. Mailing Address
26 1120 Goodlette Road
27 Suite, Apt. #, etc.
28 City & State: Naples, Florida
29 Zip: 33940
30 Country: Collier

4. FEI Number: 59-2752302 ☐ 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

7. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MENZIES, ROBERT G.
3003 TAMIAMI TRAIL NORTH
SUITE 2701
NAPLES FL 33940

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	DELLAS, JAMES P.	12 NAME	James P. Dellas	
STREET ADDRESS	103 WOODSHIRE LANE	13 STREET ADDRESS	7804 CocoBay Court	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Naples, Florida 33963	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	DEERING, CHERYL	22 NAME	Cheryl Deering	
STREET ADDRESS	103 WOODSHIRE LANE	23 STREET ADDRESS	7804 CocoBay Court	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	Naples, Florida 33963	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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.

SIGNATURE: James P. Dellas March 15, 1995 643-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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