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FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J72888 (7)
1. Corporation Name
CLARKSVILLE COMMUNICATIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% NEIL THRASHER
ROUTE 1, BOX 83
ALTA FL 32421

Mailing Address
% NEIL THRASHER
ROUTE 1, BOX 83
ALTA FL 32421

3. Date Incorporated or Qualified

05/15/1987

4. FEI Number

59-2820618

Applied For

Not Applicable

6. 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 RT. 1 BOX 83

Suite, Apt. #, etc.

22 City & State

23 CLARKSVILLE FL

Zip

Country

24 32430

25

2a. Mailing Address

26 P.O. BOX 11

Suite, Apt. #, etc.

27 City & State

28 CLARKSVILLE, FL

Zip

Country

29 32430

30

9. Name and Address of Current Registered Agent

THRASHER, NEIL
ROUTE 1, BOX 83
ALTA FL 32421

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME THRASHER, NEIL
STREET ADDRESS RT. 1, BOX 83
CITY-ST-ZIP ALTA FL ☐ DELETE

TITLE ST
NAME THRASHER, LINDA
STREET ADDRESS RT. 1, BOX 83
CITY-ST-ZIP ALTA FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D P
1.2 NAME NEIL THRASHER
1.3 STREET ADDRESS RT. 1, BOX 83
1.4 CITY-ST-ZIP CLARKSVILLE, FL, 32430 ☒ Change ☐ Addition

2.1 TITLE ST
2.2 NAME LINDA THRASHER
2.3 STREET ADDRESS RT. 1, BOX 83
2.4 CITY-ST-ZIP CLARKSVILLE, FL, 32430 ☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

Neil Thrasher

1/20/98 (50) 624 3522

CR2E034 (10/97)