## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Jul 18 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (3) SUNBELT COMMUNICATIONS, INC. Mailing Address Principal Place of Business P.O. BOX 877 P.O. BOX 877 **ORANGE PARK FL 32067** P.O. BOX 56078 DO NOT WRITE IN THIS SPACE **ORANGE PARK FL 32067** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/22/1987 05/01/1996 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business P.D. Box 59-2845938 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. M 5. Certificate of Status Desired Fee Regulred 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Drange Mrk Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country us 2067 Personal Property Tax due June 30. X Yes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name DAVIS, STAFFORD J 1755 LONG SLOUGH WALK Street Address (P.O. Box Number is Not Acceptable) 82 ORANGE PK FL 32073 83 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Stonature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1 1 TITLE TITLE DAVIS, STAFFORD, JR. 1.2 NAME NAME 1755 LONG SLOUGH WALK 1.3 STREET ADDRESS STREET ADDRESS ORANGE PARK FL 1.4 CITY- ST- ZIP CITY-ST-ZIP Change Addition DELETE TS 2.1 TITLE TITLE ALWOOD, JOHN K. NAME 2.2 NAME **2603 CREATIVE WAY** 2.3 STREET ADDRESS STREET ADDRESS **ORANGE PARK FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE VICE A ESIDENT TITLE Robert A. Hamm 3.2 NAME NAME 1726 FARMWAY 3.3 STREET ADORESS STREET ADDRESS middleburg 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TrTLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - \$1 - ZIP 14. I do 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 of 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 17 if changed, or on an effectment with address.

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904) 276-398X

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