**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

FILED
95 JAN 23 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K47757 (5)

1. Corporation Name
DOMINION ADVERTISING CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| % MARVIN E. ROOKS, ESQ.<br>147 WEST LYMAN AVENUE<br>WINTER PARK FL 32789 | % MARVIN E. ROOKS, ESQ.<br>147 WEST LYMAN AVENUE<br>WINTER PARK FL 32789 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1988
3a. Date of Last Report: 02/24/1994

2. 21 Marvin E. Rooks, Esquire
22 MARVIN E. ROOKS, P.A.
23 500 Crown Oak Centre Drive
24 Longwood, FL 32750

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27 MARVIN E. ROOKS, P.A.
28 500 Crown Oak Centre Drive
29 Longwood, FL 32750 30

4. FEI Number: 59-2916697 ☐ 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

9. Name and Address of Current Registered Agent

ROOKS, MARVIN E ESQ
% TURNBULL, ABNER, DANIELS & ROOKS
147 WEST LYMAN AVENUE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: Marvin E. Rooks, Esquire
82 St: MARVIN E. ROOKS, P.A.
83: 500 Crown Oak Centre Drive
84 Ci: Longwood, FL 32750
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 the date of signature) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | NORMAN, JAMES G. | 12 NAME | |
| STREET ADDRESS | 1983 N. SEMORAN BLVD. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32807 | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | NORMAN, GEORGE J. | 22 NAME | |
| STREET ADDRESS | 1983 N. SEMORAN BLVD. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32807 | 24 CITY-ST-ZIP | |
| 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 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, added or deleted in an attachment with an address.

SIGNATURE: [signature] 1-17-95 407 657 2870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045020 CP