

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 1:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K77105 (0)

1. Corporation Name

STYLES BROADCASTING COMPANY, INC.

Principal Place of Business

**2316 WEST 23 ST
SUITE A
PANAMA CITY FL 32405
US**

Mailing Address

**13315 NORTH TAMAMI TRAIL
NAPLES FL 33963
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/03/1989	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2959846	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. 190.022, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

**GERMAN, ROBERT L. JR.
13315 NORTH TAMAMI TR
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	☐ Change ☐ Addition
NAME	STYLES, KIM	1.2 NAME	
STREET ADDRESS	3055 ROUND TABLE CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	
TITLE	PSD	2.1 TITLE	☐ Change ☐ Addition
NAME	DI BACCO, THOMAS	2.2 NAME	
STREET ADDRESS	3055 ROUND TABLE CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	
TITLE	VTD	3.1 TITLE	☐ Change ☐ Addition
NAME	GERMAIN, ROBERT L. JR.	3.2 NAME	
STREET ADDRESS	2107 21ST COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GERMAIN, RICHARD B.	4.2 NAME	
STREET ADDRESS	4740 RIVERSIDE DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GERMAIN, STEPHEN L.	5.2 NAME	
STREET ADDRESS	188 STANBERRY AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	BEXLEY OH	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(k), 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 incorporator 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature Print Name #