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 28 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L36373** **(3)**

1. Corporation Name
JACKSONVILLE VOTERS MAGAZINE, INC.

Principal Place of Business	Mailing Address
1917 N. 3RD ST. BOX 200 JACKSONVILLE BCH FL 32250 US	1917 N. 3RD ST. BOX 200 JACKSONVILLE BCH FL 32250 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 12774 MEADOWSWEET LANE
22: Suite, Apt. #, etc
23: City & State: JACKSONVILLE, FL
24: Zip: 32225
25: Country: DUVAL

2a. Mailing Address
26: 12774 MEADOWSWEET LANE
27: Suite, Apt. #, etc
28: City & State: JACKSONVILLE, FL
29: Zip: 32225
30: Country: DUVAL

4. FEI Number: 59-2981251 ☐ 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

BRANT, MOORE, SAPP, MACDONALD & WELLS, P.A
121 W FORSYTH ST
SUITE 900
JACKSONVILLE FL 32202

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) (If Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D/P	☒ Change ☐ Addition
NAME	WELLS, HENRY E.	12 NAME	WELLS, HENRY E.	
STREET ADDRESS	2771-39 MONUMENT RD #212	13 STREET ADDRESS	12114 MEADOWSWEET LANE	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	JACKSONVILLE, FL 32225	
TITLE		21 TITLE	D/V	☐ Change ☒ Addition
NAME		22 NAME	WELLS, CAROLINE L.	
STREET ADDRESS		23 STREET ADDRESS	12774 MEADOWSWEET LANE	
CITY ST ZIP		24 CITY ST ZIP	JACKSONVILLE, FL 32225	
TITLE		31 TITLE	D/V	☐ Change ☒ Addition
NAME		32 NAME	SKORUSA, TONI	
STREET ADDRESS		33 STREET ADDRESS	12916 LAZY MEADOW DR. N.	
CITY ST ZIP		34 CITY ST ZIP	JACKSONVILLE, FL 32225	
TITLE		41 TITLE	D/S/T	☐ Change ☒ Addition
NAME		42 NAME	WELLS RITA M.	
STREET ADDRESS		43 STREET ADDRESS	2446 SEMINOLE RD.	
CITY ST ZIP		44 CITY ST ZIP	ATLANTIC BEACH, FL 32233	
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 the 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: Henry E Wells 4/25/95 904-220-9270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020047 CP