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95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **L85698** **(3)**

1. Corporation Name
C.T.V., INC.

Principal Place of Business	Mailing Address
1110 N.W. 6TH STREET GAINESVILLE FL 32601	1110 N.W. 6TH STREET GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1990
3a. Date of Last Report: 08/11/1994
4. FEI Number: 59-3015996 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 305 N.E. 1st Street	26 305 N.E. 1st Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL
Zip 24 32601 — Country 25 USA	Zip 29 32601 — Country 30 USA

9. Name and Address of Current Registered Agent

EDINGER, GARY S
1110 N.W. 6TH STREET
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name: Gary S. Edinger
82 Street Address (P.O. Box Number is Not Acceptable): 305 N.E. 1st Street
83
84 City: Gainesvile, FL 85 Zip Code: 32601

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] 4/27/95
(Registered Agent signature) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~	1.1 TITLE	P ☒ Change ☐ Addition
NAME	~~CHAMBERS, JOHN~~	1.2 NAME	JERRY SULLIVAN
STREET ADDRESS	~~17035 S.E. COUNTY ROAD 234~~	1.3 STREET ADDRESS	17035 SE County Road, 234
CITY-ST-ZIP	~~MICANOPY FL 32614~~	1.4 CITY-ST-ZIP	Micanopy, FL 32667
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, CLYDE	2.2 NAME	
STREET ADDRESS	17035 S.E. COUNTY ROAD 234	2.3 STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL 32614	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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(1)(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: [signature] 4/30/95 (904) 338-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003443 CF