COR ANNU	PROFIT PORATION JAL REPORT 1996	Sai Se	DEPARTMENT OF STATE indra B. Mortham excelary of State IN OF CORPORATIONS		
DOCUN 1. Corporation	MENT # M64878	8 (5	)		
PHIPPS	TELEVISION, INC.			1 HE BIOCH ME BOOK BIOCH HAND 18 NO 18 NO 18	IK BERN RIGIT RIGIT RIGIT RARIT RIGIT IRRI
Principal Place	e of Business	Mailing Address			
C/O W. H. LANE				3. Date incorporated or Qualified	Sa. Date of Last Report
				01/15/1988	07/07/1995
	lace of Business Capital Circle NE	2a. Mailing Address	s oital Circle NE	4. FEI Number 59-2911049	Applied For Not Applicable
Suite, Apt		Suite, Apt #, et 27 Second F1	.c.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 3 Tallah	nassee, FL	City & Stale 28 Tallahass		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zιρ 24 3230	Country   25	29 32308	Country  30 USA	This corporation has liability for Florida Statutes  10. Name and Address of New Re	Yes No
11. Pursuant to office or re	O. BOX 3048  LLAHASSEE FL 32315  to the provisions of Sections 607 0502 registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida, Such change,	84 City Talla Statutes, the above-named cowas authorized by the corpor	d Floor  hassee proporation submits this statement for the plation's board of directors. Thereby accept	FL 85 Zip Code 32308 urpose of changing its registered the appointment as registered
·	Signature, typed or printed name of registered agen OFFICERS AND		(hOTE_Registered Agent signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	D	DELE		ADDITIONS/OF IANGES TO OFF	Change Addition
NAME STREET ADDRESS	PHIPPS, JOHN E. ORCHARD POND PLANTATIO	N	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIF TITLE	TALLAHASSEE FL D	DELE	1 4 CITY - ST - ZIP  TE 2 1 TITLE		Change Addition
NAME STREET ADDRESS	PHIPPS, COLIN S. 4300 N MERIDIAN ROAD		2.2 NAME 2.3 STREET ADDRESS		
	l				
CITY-SI-ZIP	TALLAHASSEE FL	ne: e	2 4 CITY - ST ZIP		Change Addition
TITLE NAME	D Boyle, Dennis O.	DELE	ETE 31 TIFLE 32 NAME		Change Addition
TITLE	D		3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-2IP		-
TITLE NAME STREET ADDRESS	D BOYLE, DENNIS O. 3078 SHAMROCK N TALLAHASSEE FL D LANE, W. H.	DELE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-2IP		Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BOYLE, DENNIS O. 3078 SHAMROCK N TALLAHASSEE FL D LANE, W. H. 3919 LAKEVIEW DR.		3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4 3 STREET ADDRESS		-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BOYLE, DENNIS O. 3078 SHAMROCK N TALLAHASSEE FL D LANE, W. H.		3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP		<u> </u>
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	D BOYLE, DENNIS O. 3078 SHAMROCK N TALLAHASSEE FL D LANE, W. H. 3919 LAKEVIEW DR.	DELLE	3 1 TIPLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-2IP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-2IP ETE 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		Change Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D BOYLE, DENNIS O. 3078 SHAMROCK N TALLAHASSEE FL D LANE, W. H. 3919 LAKEVIEW DR.	DELLE	3 1 TIPLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-2IP 4 1 TIPLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-2IP 5 1 TIPLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-2IP		Change Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D BOYLE, DENNIS O. 3078 SHAMROCK N TALLAHASSEE FL D LANE, W. H. 3919 LAKEVIEW DR.	DELE	3 1 TIPLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-2IP 4 1 TIPLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-2IP 5 1 TIPLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-2IP		Change Addition

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 earth, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statules, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address

SIGNATURE:

W. H. Lane

6/11/96

904/297-6082

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