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 MAY -1 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M80186 (3)

1. Corporation Name
DAY COMMUNICATIONS, INC.

Principal Place of Business
1305 E. HELVENSTON ST.
P.O. BOX 130
LIVE OAK FL 32060

Mailing Address
1305 E. HELVENSTON ST.
P.O. BOX 130
LIVE OAK FL 32060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1988
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ County 25 ___
2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ County 30 ___

4. FEI Number: 59-2890407 ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MEEHAN, K. PATRICK
3050 BISCAYNE BOULEVARD
SUITE 501
MIAMI FL 33137

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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DAY, GEORGE R. JR.
STREET ADDRESS	990 COLISEUM AVE.
CITY-ST-ZIP	LIVE OAK FL
TITLE	STD
NAME	DAY, EDITH P.
STREET ADDRESS	990 COLISEUM AVE.
CITY-ST-ZIP	LIVE OAK FL
TITLE	VD
NAME	DAY, N. SHANNON
STREET ADDRESS	BENTWOOD LANE N/A
CITY-ST-ZIP	LIVE OAK FL
TITLE	V
NAME	HALL, JACK
STREET ADDRESS	JULIA LANE
CITY-ST-ZIP	LIVE OAK FL 32060
TITLE	V
NAME	BLACKWELL, DEAN
STREET ADDRESS	RT. 6 MOJAVE AVE.
CITY-ST-ZIP	LAKE CITY FL 32055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(11–64 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP; ☐ Change ☐ Addition — blank)

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 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] PRESIDENT (904) 362-1250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GEORGE R. DAY, JR.

0401433 FP