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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M80186** **(3)**

1. Corporation Name
DAY COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
1305 E. HELVENSTON ST. P.O. BOX 130 LIVE OAK FL 32060	1305 E. HELVENSTON ST. P.O. BOX 130 LIVE OAK FL 32060-0130

3. Date Incorporated or Qualified: 05/10/1988
3a. Date of Last Report: 04/23/1996
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. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip P.O.Box only 24 32064 Country 25	Zip 29 Country 30

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAY, GEORGE R. JR.		1.2 NAME	
STREET ADDRESS	990 COLISEUM AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DAY, EDITH P.		2.2 NAME	
STREET ADDRESS	990 COLISEUM AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DAY, N. SHANNON		3.2 NAME	
STREET ADDRESS	BENTWOOD LANE N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HALL, JACK		4.2 NAME	
STREET ADDRESS	JULIA LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BLACKWELL, DEAN		5.2 NAME	
STREET ADDRESS	RT. 6 MOJAVE AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ George R. Day, Jr. 4-3-97 (904)362-1250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #