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FILED
Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip **P.O. Box only**

28 Zip Country

24 **32064** 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

05/10/1988

04/23/1996

4. FEI Number

Applied For

59-2890407

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

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP**
DAY, GEORGE R. JR.
STREET ADDRESS **990 COLISEUM AVE.**
CITY - ST - ZIP **LIVE OAK FL**

TITLE ☐ DELETE

NAME **STD**
DAY, EDITH P.
STREET ADDRESS **990 COLISEUM AVE.**
CITY - ST - ZIP **LIVE OAK FL**

TITLE ☐ DELETE

NAME **VD**
DAY, N. SHANNON
STREET ADDRESS **BENTWOOD LANE N/A**
CITY - ST - ZIP **LIVE OAK FL**

TITLE ☐ DELETE

NAME **V**
HALL, JACK
STREET ADDRESS **JULIA LANE**
CITY - ST - ZIP **LIVE OAK FL 32060**

TITLE ☐ DELETE

NAME **V**
BLACKWELL, DEAN
STREET ADDRESS **RT. 6 MOJAVE AVE.**
CITY - ST - ZIP **LAKE CITY FL 32055**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

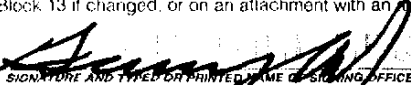
6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George R. Day, Jr.

4-3-97

(904) 362-1250

Date

Daytime Phone #

CR2E034 (9/96)