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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M80857** **(9)**

1. Corporation Name

WQBQ RADIO CORPORATION

Principal Place of Business	Mailing Address
10401-328 HIGHWAY 441 LEESBURG FL 34788 US	P. O. BOX 492160 LEESBURG FL 34749-9160

3. Date Incorporated or Qualified: 05/13/1988	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2902097	☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 P.O Box, C13
Suite, Apt. #, etc.
27
City & State
28 Apopka, Florida
Zip 29 32704-0613
Country 30

9. Name and Address of Current Registered Agent

PULLUM, MARYBETH L.
1330 WEST CITIZENS BLVD.
SUITE 701
LEESBURG FL 34748

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 _____ (Signature, typed or printed name of registered agent, and title if applicable) (Typed or Printed Name of Agent or Name of Authorized Officer) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCOMAS, HUGH G.		1.2 NAME		
STREET ADDRESS	% MCO INDUSTRIES, INC.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANJUAN PR		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCOMAS, JOHN M.		2.2 NAME		
STREET ADDRESS	% MCO INDUSTIRES, INC.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JUAN PR		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCOMAS, NILDA M.		3.2 NAME		
STREET ADDRESS	% MCO INDUSTRIES, INC.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JUAN PR		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	C	☐ Change ☒ Addition
NAME			4.2 NAME	Bannos Jr. G.I	
STREET ADDRESS			4.3 STREET ADDRESS	1390 Shelan Road	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Apopka, Florida	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

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: _____ 4/30/96 (407) 886-5004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)