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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12200** (4)

1. Corporation Name

W B C COMMUNICATIONS, INC.

Principal Place of Business

**C/O HAROLD G. HUDSON
7775 HERLONG ROAD
JACKSONVILLE FL 32210**

Mailing Address

**C/O HAROLD G. HUDSON
7775 HERLONG ROAD
JACKSONVILLE FL 32210**

3. Date Incorporated or Qualified

10/30/1985

4. FEI Number

59-1028789

Applied For

Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

29
Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**RUSSELL, CARL K
X XXXX XXXX XXXX XXXX
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7775 Herlong Road

83

84 City **Jacksonville**

FL

85 Zip Code **32210**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE **P** ☐ DELETE

NAME **RUSSELL, CARL K**
STREET ADDRESS **X XXXX XXXX XXXX XXXX**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **DOUGLAS, CARL C. III**
STREET ADDRESS **9664 HERSHAM CT**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE **D** ☐ DELETE

NAME **NELSON, SUSAN S**
STREET ADDRESS **8936 COUNTRY MILL LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE **D** ☐ DELETE

NAME **DOUGLAS, EVA H.**
STREET ADDRESS **9664 HERSHAM CT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **SIMMONS, MYRA F.**
STREET ADDRESS **5400-10 LAMOYA AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **7775 Herlong Road**
1.4 CITY-ST-ZIP **Jacksonville, FL 32210**

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Carl K. Russell** **Carl K. Russell, President** 4/22/98 904-781-0618

CR2E037 (10/97)