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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12200

1. Corporation Name

W B C COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

XXXXXX
7775 HERLONG ROAD
JACKSONVILLE FL 32210

XXXXXX
7775 HERLONG ROAD
JACKSONVILLE FL 32210



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

10/30/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1028789

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSELL, CARL K
7775 HERLONG RD
JAX FL 32210

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME RUSSELL, CARL K
STREET ADDRESS 7775 HERLONG RD
CITY-ST-ZIP JACKSONVILLE FL 32210

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

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

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

Secretary
JEFF STOLL
7775 Herlong Road
Jacksonville, FL 32210

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

April 9, 1999

904-781-0618

Date

Daytime Phone #

CR2E037 (1/98)