FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAR 10 PM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16695 (1)

1. Corporation Name
JACKSONVILLE ADVERTISING FEDERATION, INC.

Principal Place of Business	Mailing Address
457 GOLFVIEW CIRCLE P.O. BOX 1746 JACKSONVILLE FL 32201	457 GOLFVIEW CIRCLE P.O. BOX 1746 JACKSONVILLE FL 32201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1986
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-6211863 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
CAMPBELL, JERRY
WTLV
1070 E ADAMS ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name: FRED PAGE
82 Street Address (P.O. Box Number is Not Acceptable): 567 BISHOP GATE LANE
83
84 City: JACKSONVILLE FL 85 Zip Code: 32204

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 FRED PAGE — DATE 2/14/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	~~CAMPBELL, JERRY~~
STREET ADDRESS	~~1070 E. ADAMS STREET~~
CITY-ST-ZIP	~~JAX FL 32202~~
TITLE	VP
NAME	PAGE, FRED
STREET ADDRESS	567 BISHOP GATE LANE
CITY-ST-ZIP	JAX FL 32204
TITLE	VP
NAME	DEPERRO, DON
STREET ADDRESS	1200 GULF LIFE DRIVE
CITY-ST-ZIP	JAX FL 32204
TITLE	~~ROOE~~
NAME	~~RO, PAUL~~
STREET ADDRESS	~~3101 UNIVERSITY~~ BLVD
CITY-ST-ZIP	~~JAX FL 32216~~
TITLE	VP
NAME	DALTON, JIM
STREET ADDRESS	1420 FLAGLER AVE
CITY-ST-ZIP	JAX FL 32207
TITLE	D
NAME	~~BYRD, LINDA~~
STREET ADDRESS	~~8386 BAYMEADOWS~~ RD
CITY-ST-ZIP	~~JAX FL 32216~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
1.2 NAME	FRED PAGE	
1.3 STREET ADDRESS	567 BISHOP GATE LANE	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32204	
2.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
2.2 NAME	MIKE MORGAN	
2.3 STREET ADDRESS	1400 PRUDENTIAL DR	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32207	
3.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
3.2 NAME	GARY HIATT	
3.3 STREET ADDRESS	1070 E. ADAMS ST.	
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32202	
4.1 TITLE	DIRECTOR	☐ Change ☑ Addition
4.2 NAME	MARTY LEONARD	
4.3 STREET ADDRESS	ONE INDEPENDENT DR SUITE 2204	
4.4 CITY-ST-ZIP	JACKSONVILLE FL 32202	
5.1 TITLE	DIRECTOR	☐ Change ☑ Addition
5.2 NAME	SERENA DICKERSON	
5.3 STREET ADDRESS	1902 SECOND AVE N	
5.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
6.1 TITLE	DON GIBBENS DIRECTOR	☐ Change ☑ Addition
6.2 NAME	NAEGELE OUTDOOR	
6.3 STREET ADDRESS	1120 CRESTWOOD ST	
6.4 CITY-ST-ZIP	JACKSONVILLE FL 32256	

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)(k), 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: FRED PAGE — 2/14/95 — 904 634 0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024788