

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

DOCUMENT # P06265

(3)

1. Corporation Name

COLONIAL BROADCASTING COMPANY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 230158
MONTGOMERY AL 36123-158
US

Mailing Address

P.O. BOX 230158
MONTGOMERY AL 36123-158
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1985

3a. Date of Last Report

04/05/1994

4. FEI Number

63-0735660

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 is a liability for intangible tax under § 193.002,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **One Commerce Street**

2a. Mailing Address

26

Suite, Apt. #, etc.

22 **3rd Floor**

Suite, Apt. #, etc.

27

City & State

23 **Montgomery, AL**

City & State

28

24 **36104**

25 **000**

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 193.002 and 193.003, 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 193.003, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is not a natural person, the signature of the Registered Agent must be signed by the person authorized to sign on behalf of the Registered Agent.)

Signature of Registered Agent (If Registered Agent is not a natural person, the signature of the Registered Agent must be signed by the person authorized to sign on behalf of the Registered Agent.)

Signature of Registered Agent (If Registered Agent is not a natural person, the signature of the Registered Agent must be signed by the person authorized to sign on behalf of the Registered Agent.)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LOWDER, JAMES K.
STREET ADDRESS	2000 INTERSTATE PARK DR.
CITY & ZIP	MONTGOMERY AL 36109
TITLE	PD
NAME	COPPOCK, DAVID
STREET ADDRESS	ONE COMMERCE STREET
CITY & ZIP	MONTGOMERY AL 36104
TITLE	D
NAME	LOWDER, THOMAS H.
STREET ADDRESS	2101 6TH AVE., NORTH
CITY & ZIP	BIRMINGHAM AL 35203
TITLE	CD
NAME	LOWDER, ROBERT E.
STREET ADDRESS	ONE COMMERCE STREET
CITY & ZIP	MONTGOMERY AL 36104
TITLE	V
NAME	HOLLEY, MICHAEL
STREET ADDRESS	2000 INTERSTATE PARK DR.
CITY & ZIP	MONTGOMERY AL 36109
TITLE	J
NAME	HARGROVE, WALTER
STREET ADDRESS	2000 INTERSTATE PARK DR.
CITY & ZIP	MONTGOMERY AL 36109

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☒ Change ☐ Addition
1. NAME	D
1. STREET ADDRESS	Charlotte G. Lowder
1. CITY & ZIP	2080 Bell Road
2. TITLE	☒ Change ☐ Addition
2. NAME	D
2. STREET ADDRESS	Mary Catherine Lowder
2. CITY & ZIP	2080 Bell Road
3. TITLE	☒ Change ☐ Addition
3. NAME	P
3. STREET ADDRESS	David Coppock
3. CITY & ZIP	One Commerce Street
4. TITLE	☐ Change ☐ Addition
4. NAME	☐ Change ☐ Addition
4. STREET ADDRESS	☐ Change ☐ Addition
4. CITY & ZIP	☐ Change ☐ Addition
5. TITLE	☒ Change ☐ Addition
5. NAME	S
5. STREET ADDRESS	One Commerce Street
5. CITY & ZIP	Montgomery, AL 36104
6. TITLE	☒ Change ☐ Addition
6. NAME	V
6. STREET ADDRESS	Sammy George
6. CITY & ZIP	One Commerce Street
	Montgomery, AL 36104

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 193.002(1)(b), Florida Statutes. I further certify that the information made available on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it does under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 334-240-6020

COLONIAL BROADCASTING COMPANY, INC.

Incorporated: Alabama
Date of Inc.: 12/29/80
Tax ID #: 63-0735660

Name	Office	
Robert E. Lowder	Chairman of the Board	Director
Charlotte G. Lowder		Director
Mary Catherine Lowder		Director
David Coppock		
Sammy George	President and Chief	
Larry Stevens	Executive Officer	
Rick Brown	Vice President	
Charles Seils	Vice President	
Michael R. Holley	Vice President	
	Secretary	

PO 6265

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06290	(1)
1. Corporation Name EVENSEN-DODGE, INC.	

Principal Place of Business 601 SECOND AVE SO STE 5100 MINNEAPOLIS MN 55402 US	Mailing Address 601 SECOND AVE SO STE 5100 MINNEAPOLIS MN 55402 US
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2. Principal Place of Business 21 State App. # etc. 22 City & State 23 City & State 24 City & State	25 Mailing Address 26 State App. # etc. 27 City & State 28 City & State 29 City & State
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DO NOT WRITE IN THIS SPACE	
3. Date of Incorporation or Qualification 06/04/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 41-1283144	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. This corporation has liability for intangible tax under S. 199.11(2) Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (if C. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 199.01 and 199.02, Florida Statutes, the above named corporation ratifies this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida and change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the designated change for the Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	
NAME	P DODGE, HOMER B. 7040 CAHILL ROAD EDINA MN
NAME	ST MYERS, CHRISTY LYNNE 2145 KNAPP ST. PAUL MN
NAME	V BORN, PARICK P. 5141 KNOX AVE., S. MINNEAPOLIS MN
NAME	V BURGGRAAFF, WAYNE S. 9933 DAKOTA ROAD BLOOMINGTON MN
NAME	
NAME	
NAME	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IF ANY	
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily, knowingly and clearly and is true and correct for the purposes stated in the Florida Statutes. I further certify that the information included in this annual report or as amended annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I have authorized myself to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, subject, or on any other block with an address.

SIGNATURE:  4/28/95 (612) 338-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR