

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

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95 MAY -1 AM 9:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Candra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P07104 (3)

**1. Corporation Name
WDJ, INC.**

**Principal Place of Business Mailing Address
1600 RIVERVIEW TOWER 1600 RIVERVIEW TOWER
900 SOUTH GAY STREET 900 SOUTH GAY STREET
KNOXVILLE TN 37902-1810 KNOXVILLE TN 37902-1810**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/14/1985 **3a. Date of Last Report 02/01/1994**
4. FEI Number 62-1182556 **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. 193.035, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **26**
22 Suite, Apt. #, etc. **27** Suite, Apt. #, etc.
23 City & State **28** City & State
24 Zip **25** Country **29** Zip **30** Country

9. Name and Address of Current Registered Agent
**LITCHFORD, HAL K.
390 N. ORANGE AVENUE
SUITE 2200
ORLANDO FL 32801**

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 607.1505, 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]* **4-12-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JENSEN, TOM
STREET ADDRESS	900 SOUTH GAY STREET
CITY- ST- ZIP	KNOXVILLE TN
TITLE	SD
NAME	LAWSON, PHILLIP O
STREET ADDRESS	900 S GAY ST
CITY- ST- ZIP	KNOXVILLE TN
TITLE	D
NAME	DAVES, GERALD
STREET ADDRESS	900 S GAY ST
CITY- ST- ZIP	KNOXVILLE TN
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my appointment 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 13 as a change, or on an attachment with an address.

SIGNATURE: *[Signature]*