

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:15

DOCUMENT # **P10525** (4)

1. Corporation Name
OCALA BROADCASTING CORPORATION

Principal Place of Business Mailing Address
3602 N.E. 20TH PLACE **3602 N.E. 20TH PLACE**
P.O. BOX 70229 **P.O. BOX 70229**
OCALA FL 32670 **OCALA FL 32670**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/23/1986	02/21/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		34-1511093	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				K Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Filed/Paid	
				10. Name and Address of New Registered Agent	
				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City		FL	B5 Zip Code

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 607.0506, Florida Statutes.

SIGNATURE

(Signatures based on printed name of registered agent and filed application)

(NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIX, DAVID E.	1.2 NAME	
STREET ADDRESS	124 N. CHESTNUT ST.	1.3 STREET ADDRESS	
CITY, ST, ZIP	RAVENNA OH	1.4 CITY, ST, ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIX, GORDON C. II	2.2 NAME	
STREET ADDRESS	124 N. CHESTNUT ST.	2.3 STREET ADDRESS	40 South Linden Avenue
CITY, ST, ZIP	RAVENNA OH	2.4 CITY, ST, ZIP	Alliance, Ohio 44601
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIX, ROBERT C. JR.	3.2 NAME	
STREET ADDRESS	40 S. LINDEN AVE.	3.3 STREET ADDRESS	831 Wheeling Avenue
CITY, ST, ZIP	ALLIANCE OH	3.4 CITY, ST, ZIP	Cambridge, Ohio 43725
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIX, ALBERT E.	4.2 NAME	
STREET ADDRESS	321 W. MAIN	4.3 STREET ADDRESS	
CITY, ST, ZIP	FRANKFORT KY	4.4 CITY, ST, ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIX, R. VICTOR	5.2 NAME	
STREET ADDRESS	212 E. LIBERTY ST.	5.3 STREET ADDRESS	
CITY, ST, ZIP	WOOSTER OH	5.4 CITY, ST, ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBER, DALE E.	6.2 NAME	
STREET ADDRESS	212 EAST LIBERTY STREET	6.3 STREET ADDRESS	
CITY, ST, ZIP	WOOSTER OH	6.4 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 "as low as 100% free" Florida Statutes. I do hereby 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. I am an officer or director of the corporation or the registered agent responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
Dale E. Gerber, CFO/Asst Sec'y

February 18, 1995

(216)264-3511