

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90031 041 \*\*\*\*61.25

DOCUMENT # P24335

1. Corporation Name

CONSERVATIVE COMMUNICATIONS, INC.

Principal Place of Business

7207 SANDY BLUFF DRIVE  
JACKSONVILLE FL 32211

Mailing Address

7207 SANDY BLUFF DRIVE  
JACKSONVILLE FL 32211



2. Principal Place of Business

21 1824 Dean Rd

Suite, Apt. #, etc.

22 # 3

City & State

23 Jacksonville FL

Zip

24 32216

Country

25 USA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

05/16/1989

4. FEI Number

59-2877769

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

9. Name and Address of Current Registered Agent

ALLEN, DANIEL M.

7207 SANDY BLUFF DRIVE  
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1824 Dean Rd #3

83

84 City Jacksonville

FL

85 Zip Code 32216

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

*Daniel M. Allen*

(NOTE: Registered Agent signature required when reinstating)

4/19/99

Signature typed or printed name of registered agent and title, if applicable.

OFFICERS AND DIRECTORS

12. TITLE PD ☐ DELETE

NAME ALLEN, DANIEL M.  
STREET ADDRESS 7207 SANDY BLUFF DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE

NAME ALLEN, HAZEL R.  
STREET ADDRESS 7207 SANDY BLUFF DR.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE

NAME ALLEN, DANIEL M.  
STREET ADDRESS 7207 SANDY BLUFF DR.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME ALLEN, MATTHEW  
STREET ADDRESS 7207 SANDY BLUFF DR.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 1824 Dean Rd  
1.4 CITY-ST-ZIP Jacksonville, FL 32216

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 1824 Dean Rd  
2.4 CITY-ST-ZIP Jacksonville, FL 32216

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 1824 Dean Rd  
3.4 CITY-ST-ZIP Jacksonville, FL 32216

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 1824 Dean Rd  
4.4 CITY-ST-ZIP Jacksonville, FL 32216

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Daniel M. Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

(904) 724-6553

Daytime Phone #

CR2E037 (11/98)