FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26077** **(8)**

1. Corporation Name
WANT ADS OF NORTH ORLANDO, INC.

Principal Place of Business	Mailing Address
1019 EAST ALTAMONTE DR ALTAMONTE SPRINGS FL 32714 US	5373 HWY 98 EAST DESTIN FL 32541 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1989
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 21001 Emerald COast Hwy	26 P.O. Box 1659
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Destin, FL 32541	28 City & State: Destin, FL
24 Zip / 25 Country	29 Zip: 32540 / 30 Country

4. FEI Number: 59-2986010 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P, D, T	☐ Change ☐ Addition
NAME	KNAPP, BILL	12 NAME	Robert L. Christensen	
STREET ADDRESS	1019 EAST ALTAMONT DR	13 STREET ADDRESS	21001 Emerald Coast Pkwy	
CITY-ST-ZIP	ALTAMONT SPRINGS FL	14 CITY-ST-ZIP	Destin, FL 32540	
TITLE	S	21 TITLE	S	☒ Change ☐ Addition
NAME	GASTRIGHT, AMY L	22 NAME	Earles, AMy L.	
STREET ADDRESS	5737 HWY. 98 EAST	23 STREET ADDRESS	21001 Emerald Coast Pkwy	
CITY-ST-ZIP	DESTIN FL	24 CITY-ST-ZIP	Destin, FL 32540	
TITLE	T	31 TITLE	D	☐ Change ☒ Addition
NAME	KNAPP, NANCY	32 NAME	Earles, Charles E.	
STREET ADDRESS	1019 EAST ALTAMONT DR	33 STREET ADDRESS	21001 Emerald Coast Pkwy.	
CITY-ST-ZIP	ALTAMONT SPRINGS FL	34 CITY-ST-ZIP	Destin, FL 32540	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	CHRISTENSEN, ROBERT L.	42 NAME	Treese, Harry S.	
STREET ADDRESS	5373 HWY 98 EAST	43 STREET ADDRESS	427 N. 38th St.	
CITY-ST-ZIP	DESTIN FL	44 CITY-ST-ZIP	Waco, TX 76710	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	EARLES, CHARLES E.	52 NAME		
STREET ADDRESS	5373 HWY 98 EAST	53 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	TREESE, HARRY S.	62 NAME		
STREET ADDRESS	427 N. 38TH ST	63 STREET ADDRESS		
CITY-ST-ZIP	WACO TX	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Amy L Earles 4/26/95 904-837-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0990748 CP