

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 MAR -3 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29247** (4)

1. Corporation Name

KRYPTON BROADCASTING OF FORT PIERCE, INC.

Principal Place of Business

Mailing Address

3601 N. 25TH ST.
FT. PIERCE FL 34946
US

3601 N. 25TH ST.
FT. PIERCE FL 34946
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/04/1990

3a. Date of Last Report
06/16/1994

4. FEI Number
52-1675713

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FELTNER, C.E., JR.
3681 PROSPECT DRIVE
RIVERIA BEACH FL 33404**

81 Name

Clarence A. Davis

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

3601 North 25th Street

83

84 City

Fort Pierce,

FL

85

Zip Code
34946

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 607.0503, Florida Statutes.

SIGNATURE

Clarence A. Davis

Clarence A. Davis, Plan Trustee-2/10/95

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CT
NAME	FELTNER, C.E., JR.
STREET ADDRESS	3681 PROSPECT DRIVE
CITY-STATE-ZIP	RIVERIA FL
TITLE	S
NAME	BENT, C.F., III
STREET ADDRESS	753 CENTRAL ST.
CITY-STATE-ZIP	FRANKLIN NH
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1.1 TITLE	TR	☒ Change ☐ Addition
1.2 NAME	Clarence A. Davis	
1.3 STREET ADDRESS	3601 North 25th Street	
1.4 CITY-STATE-ZIP	Fort Pierce, FL 34946	
2.1 TITLE	DELETE	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information submitted 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 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 of this report, or on an attachment with an address.

SIGNATURE:

Clarence A. Davis

2/24/94

(407) 464-3434

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Clarence A. Davis, Plan Trustee