

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P34671 (8)

1. Corporation Name

WANT ADS MANAGEMENT COMPANY, INC.



Principal Place of Business

Mailing Address

**5373 HWY 98 E
DESTIN FL 32541
US**

**WANT ADS MGMT CO
PO BOX 1659
DESTIN FL 32540
US**

3. Date Incorporated or Qualified
07/16/1991

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 20011 Emerald Coast

26

4. FEI Number

84-1103117

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Destin, FL

27

Zip **24 32541** Country **25**

Zip **29** Country **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and the state of Florida

Signature typed or printed name of registered agent and the state of Florida

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **CHRISTENSEN, ROBERT L.**
CITY- ST- ZIP **5373 HWY 98 E
DESTIN FL**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **TREESE, HARRY S.**
CITY- ST- ZIP **427 N 38 ST
WACO TX**

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **EARLES, CHARLES E**
CITY- ST- ZIP **5373 HWY 98 E
DESTIN FL**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **GASTRIGHT, AMY L**
CITY- ST- ZIP **5373 HWY 98 E
DESTIN 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

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **20011 Emerald Coast Pkwy**
1.4 CITY- ST- ZIP **Destin, FL 32541**

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS **20011 Emerald Coast Pkwy**
3.4 CITY- ST- ZIP **Destin, FL 32541**

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS **Earles, Amy L.**
4.4 CITY- ST- ZIP **20011 Emerald Coast Pkwy
Destin, FL 32541**

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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 **Amy L. Earles**

4/30/96

904-837-8820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)