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May 05 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P34671 (8)
1. Corporation Name
WANT ADS MANAGEMENT COMPANY, INC.



Principal Place of Business
20011 EMERALD COAST
DESTIN FL 32541
US

Mailing Address
WANT ADS MGMT CO
PO BOX 1659
DESTIN FL 32540-1659
US

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

3. Date Incorporated or Qualified

07/16/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

84-1103117

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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
NRAI SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
83 526 E. PARK AVENUE
84 City
TALLAHASSEE FL 85 Zip Code
32301

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

C. Baclet, Vice President

04/17/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, ROBERT L.	
STREET ADDRESS	20011 EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TREESE, HARRY S.	
STREET ADDRESS	427 N 38 ST	
CITY-ST-ZIP	WACO TX	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	EARLES, CHARLES E	
STREET ADDRESS	20011 EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	EARLES, AMY L.	
STREET ADDRESS	20011 EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHRISTENSEN, ROBERT L.	
1.3 STREET ADDRESS	20011 EMERALD COAST PKWY	
1.4 CITY-ST-ZIP	DESTIN, FL 32541	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHARLES E. EARLES	
3.3 STREET ADDRESS	20011 EMERALD COAST PKWY	
3.4 CITY-ST-ZIP	DESTIN, FL 32541	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KIMBERLY S. MODLIN	
4.3 STREET ADDRESS	20011 EMERALD COAST PKWY	
4.4 CITY-ST-ZIP	DESTIN, FL 32541	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kimberly S. Modlin Kimberly S. Modlin 4/28/97 904-837-8820

CR2E034 (9/96)