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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P92000014258 (7) DOCUMENT #

CHERRY COMMUNICATIONS COMPANY

| J | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|----------------------------------------|---------------------------------------------------------|--------------------|----------------------------|-------------------------------------|
| Principal Place of Business Mailing Address | | | | | | L \0.001005 HU \$940 7(0) 00111 0 | HILL BRITT BRIDE | | |
| 227 NO BRONOUGH STR 227 STE 4100 STI TALLAHASSEE FL 32301 TAL | | STE 4100 | 27 no Bronough Str Ite 4100 Allahassee Fl 32301 | | | | | | |
| | | US | | | | 3. Date Incorporated or Qualified 01/01/1993 | 3a. Date | of Last F 04/28/ | |
| 2. Principal Place of Business 2a. M | | 2a. Mailing Address | failing Address | | | 4. FEI Number Applied For 59-3158978 Not Applied ble | | | |
| | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | * | 5 Additional Required |
| | | City & State | Dity & State | | | Election Campaign Financing Trust Fund Contribution | | | 00 May Be ed to Fees |
| Zip | Country | Zip | Zip Cou | | | 8. This corporation has liability for | | k under s | s 199.032, |
| 24 | | 29 | 30 | | | Florida Statutes Yes No | | | |
| | 9. Name and Address of Current Re | egistered Agent | | 10. Name and Address of New Registered Agent 81 Name | | | | | |
| | | | | 81 | Name | | | | |
| CHERI 227 No | | | | Street Ad | ldress (P.O. Box Number is Not Accepta | ble) | | | |
| STE 4 | | | | 83 | | | | | |
| TALLA | | | 84 | City | | FL 85 Zip Code | | | |
| or register familiar wit | o the provisions of Sections 607,0502 and ad agent, or both, in the State of Florida 3 h, and accept the obligations of, Section I | Such change was author 307 0505, Florkla Statute | zed by the c is. | :orpo | oration's bo | paid of directors. Thereby accept the app | pointment as | nging its registere | registered office ed agent. I am |
| | Squative Sport or protect sales of repotencial and Land U OFFICERS AND D | | (dt. Regelered | Agras | Synd no Sq | PROPERTY OF ADDITIONS/CHANGES TO OF | DATE FICERS AND | DIRECT | ORS IN 12 |
| 12. | DY OFFICERS AND E | DELETE | | | —-т | ADDITIONS/GITANGES TO GI | | 7 Change | |
| NAME | CHERRY, L J JR | bereit | 1 | 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | | | • | J 9 | |
| STREET ADDRESS | 227 NO BRONOUGH STR, ST | F 4100 | - 1 | | | | | | |
| City - S1 - 716 | TALLAHASSEE FL | | | | | | | | |
| THE | DP | DELETE | | 2 1 TIFLE 22 NAME 23 STREET ADDRESS | | | Ė | Charige | Addition |
| NAME | CHERRY, LINDA Z | | 2.2 N/ | | | | | | |
| STREET ADDRESS | 227 NO BRONOUGH STR, ST | E 4100 | 2351 | | | | | | |
| CiTY ST-ZiP | TALLAHASSEE FL | | 240 | 2.4 City-St-ZiP | | | | | |
| TITLE | | DE: ETE | 3 ¹ T | 3 1 TITLE | | | |] Change | e 🔲 Addition |
| NAME | | | 3.2 N | 4ME | ĺ | | | | |
| STREET ADDRESS | | | 3 3 S | THEFT | ADDRESS | | | | |
| CITY - ST - ZIP | | | 3.4 CITV ST-ZIP | | I - ZIP | | | 7 Change | Addition |
| TITLE | | | 4 1111.6 | | | | ί |] Change | e 🔲 Addition |
| NAME | | | 4 2 N | | 4000055 | | | | |
| STREET ADDRESS | | | | | ADORESS | | | | |
| CHY-S1-ZIF | ZIF. | | 4.4 CHY-ST-20P 1E 5.1 THLE | | 1 - 20* | | r | Change | e |
| TITLE | | ☐ DÉLETÉ | 5 2 N | | | | L | _ =go | - 🗀 |
| NAME GENERAL ADDRESS | | | | - | ADDDCCC | | | | |
| STREET ADDRESS | | | | | ADDRESS . | | | | |
| CITY - ST - ZIP | | ☐ DELETE | 6 1 T | | iT - ZiP | | | Change | e Addition |
| THE | [] весете | 624 | | | | | | | |
| NAME | 1 | | 52 N | TITLE | ĺ | | | | |

SZEROCA 199912 E &

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

O OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and obes not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indecaded on this 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 12 if change option an attachment with an address. 4-2-96 (904)561-3600