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 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000026769 (8)**

1. Corporation Name
FLORIDA DISC JOCKEYS, INC.

Principal Place of Business
P.O. BOX 2056
COCOA FL 32923-2056

Mailing Address
P.O. BOX 2056
COCOA FL 32923-2056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/12/1993**
3a. Date of Last Report: **06/24/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3177672**
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. The corporation has liability for intangible tax under Ch. 199.032 Florida Statutes ☐ Yes. ☒ No.

9. Name and Address of Current Registered Agent
GUNDERSEN, DAVID J
106 DUDLEY DRIVE
ROCKLEDGE FL 32955-2405

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 Section 607.0501 and 607.0505 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. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

80	**PST**
NAME	**GUNDERSEN, DAVID J**
STREET ADDRESS	**106 DUDLEY DR.**
CITY, ST, ZIP	**ROCKLEDGE FL 32955-2405**
80	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
80	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
80	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
80	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
80	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

41 Title	☐ Change ☐ Add/Del
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
41 Title	☐ Change ☐ Add/Del
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
41 Title	☐ Change ☐ Add/Del
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
41 Title	☐ Change ☐ Add/Del
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
41 Title	☐ Change ☐ Add/Del
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
41 Title	☐ Change ☐ Add/Del
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and complete 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 and correct or an attachment with an address.

SIGNATURE: David J Gundersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 407-636-4929
Date Daytime Phone #

0420249 FP