## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000045777 DOCUMENT #

BETTY'S COMMUNICATIONS COMPANIES, INC.

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 102 MARSHSIDE DR 102 MARSHSIDE DR ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/29/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2820 LEWIS STEEDWAY 21 2820 LEWIS SPEEDWAY 59-3193184 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6, Election Campaign Financing \$5.00 May Be ST AUGUSTINE ST Aubustina Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 32095 25 Personal Property Tax due June 30. Yes Yes □ No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent OSBORNE, HW 81 102 MARSAHSIDE DR 82 Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32084 83 84 City Zip Code 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTD TITLE □ DELETE 1.1 TITLE Change Addition OSBORNE, HW NAME 1.2 NAME 102 MARSASIDE DR STREET ADDRESS 1.3 STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP 1.4 CITY ST-ZIP VSD DELETE Change Addition TITLE 21 THE OSBORNE. BT 2.2 NAME 102 MARSHSIDE DR STREET ADDRESS 2.3 STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE ☐ Change TITLE 3.1 TITLE Addition DICK, C 3.2 NAME A1A SOUTH STREET ADDRESS 3.3 STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby 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 only a attrictment with an address.

SIGNATURE:

116/98

90x-825-0001