

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000069246 (5)

1. Corporation Name  
WRBX & WTNL, INC.

Principal Place of Business

125 RRIAR TUCK CIR  
P O BOX 69  
REIDSVILLE GA 30453  
US

Mailing Address

P O BOX 69  
REIDSVILLE GA 30453  
US

FILED  
Sep 25 1997 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

|   |  |                         |  |  |  |                                       |  |
|---|--|-------------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business  |  | 2a. Mailing Address     |  | 3. Date Incorporated or Qualified<br>09/29/1993  |  | 3a. Date of Last Report<br>10/21/1996 |  |
| 21. Suite, Apt. #, etc.   |  | 26. Suite, Apt. #, etc. |  | 4. FEI Number<br>58-2070616  |  | Applied For<br>Not Applicable         |  |
| 22. City & State  |  | 27. City & State        |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  | \$8.75 Additional Fee Required        |  |
| 23. Zip   |  | 28. Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | \$5.00 May Be Added to Fees           |  |
| 24. Country   |  | 29. Country             |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |  |
| 9. Name and Address of Current Registered Agent<br>BROWN, DANIEL R<br>125 RRIAR TUCK CIR<br>REIDSVILLE GA 30453 |  |                         |  | 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 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)

DATE

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------|---|--|
| TITLE                      | PD                        | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MONTGOMERY, LARRY W       | 1.2 NAME  |  |
| STREET ADDRESS             | RTE 2, BOX 705-A          | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | YULEE FL 32097            | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD                        | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | THRIFT, FREIL             | 2.2 NAME  |  |
| STREET ADDRESS             | RTE 2, BOX 1085           | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | YULEE FL 32097            | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD                        | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | TODD, LARRY               | 3.2 NAME  |  |
| STREET ADDRESS             | 740 BARNWELL ROAD W.      | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | FERNANDINA BEACH FL 32034 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | COMBS, WAYNE              | 4.2 NAME  |  |
| STREET ADDRESS             | RTE 2, BOX 380            | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | YULEE FL 32097            | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD                        | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BROWN, DANIEL R           | 5.2 NAME  | VDM  |
| STREET ADDRESS             | P.O. BOX 85               | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | REIDSVILLE GA 30453       | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                           | 6.2 NAME  |  |
| STREET ADDRESS             |                           | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                           | 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:

SIGNATURE: [Signature]

8-21-97

802-922-9104

CR2E034 (4/97)