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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000069246 (5)

WRBX & WTNL, INC.

FILED Jun 12 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		i 1881/841 219 19198 (Illin getri getri getri getre direk torrê dekê bistê esti sest	
125 RRIAR TUCK CIR		P O BOX 69			
P O BOX 69		REIDVILLE GA 30453		DO NOT INDITE IN THE SPACE	
REIDSVILLE GA 304 53 US		U\$		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
00				09/29/1993	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		58-2070616	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	θ	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	[25]	29]	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent	641-41-4	10. Name and Address of New Register	ed Agent
	OWN, DANIEL R		81 Name		
	5 ARIAR TUCK CIR		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
REI	IDSVILLE GA 30453				
			83		
			84 City		85 Zip Code
•					- L . -
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stati	utes, the above-named cor	poration submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered
agent. I a	egist ered ageni, or born, in the state im fam iliar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statutes.	more board or uncolore. I recopy account the	appointment do registered
SIGNATURE		<u></u>			
	Signature, typed or printed name of registers flas-		OTE Registered Agent signature requ		
12.	OFFICERS AN	ID DIRECTORS DELFTE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	MONTGOMERY, LARRY W	First Octific	1.1 TITLE		C Calange C Magnott
NAME	RTE 2, BOX 705-A		1.2 NAME		
STREET ADDRESS	YULEE FL 32097		1.3 STREET ADDRESS		
CITY-ST-ZIP	VD VD	DELETE	1.4 CHY-S1-ZIP		Change Addition
TITLE	THRIFT, FREIL	L_ IRITE	2.1 TITLE		Citalige C Addition
NAME	RTE 2, BOX 1085		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	YULEE FL 32097	DELETE	2. 4 CITY-S1-ZIP		Change Addition
TITLE	, ·•	LJ DELFTE	3.1 TITLE		Cuange C1 Modition
NAME	TODD, LARRY		3.2 NAME		
STREET ADDRESS	740 BARNWELL ROAD W.	124	3.3 STREET ADDRESS		/ /
CITY-ST-ZIP	FERNANDINA BEACH FL 320		3.4. CITY - ST - 7IP		CMange Addition
TITLE	COMBO MAVNE	☐ DELETE	4.1 HILE		A Andribe
NAME	COMBS, WAYNE		4. 2 NAMÉ		4/1/2/11
STREET ADDRESS	RTE 2, BOX 380		4.3 STREET ADDRESS		$A \times U / A$
CITY-ST-ZIP	YULEE FL 32097	- Deleve	4.4 CHY- ST - 7/P		Change Addition
TITLE	VOM	☐ DELLTE	5.1 TITLE		LI Change / LI Adoltion
NAME	BROWN, DANIEL R P.O. BOX 85 N/	A	5.2 NAME		
STREET ADDRESS		A .	5.3 STREET ADDRESS		
CITY+ST-ZIP	RIEDSVILLE GA		5.4 CITY - ST - 7(P		Change 1 44-10
TITLE		☐ DELETE	6.1 TALE	Innanagges	Change Addition
NAME			6.2 NAME	1000025592 -06/15/9801028	<u> </u>
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	terrentel
CITY-ST-ZIP		<u></u> -	6.4 CITY - ST - ZIP		
Indicated	on this common round by complement	at amount account is true and ac	courate and that row cinnate	n Section 119.07(3)(i), Florida Statutes. I furthe ure shall have the same legal effect as if made	under nath: that I am an
officer or	director of the corporation or the requirement	eiver or truelee empowered to	execute this report as rec	quired by Chapter 607, Florida Statutes; and the	iat my name appears in
Block 12	or Block 13 if changed, or on an att,	chinient with an advidess.			