FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000004838 (6)**

1. Corporation Name

POGAR COMMUNICATION SERVICES, INC.

Principal Place of Business
11250 OLD ST AUGUSTINE RD
SUITE 15
JACKSONVILLE FL 32257
US

Mailing Address
11250 OLD ST AUGUSTINE RD
15
JACKSONVILLE FL 32257
US

3. Date Incorporated or Qualified: 01/19/1994

3a. Date of Last Report: 04/25/1995

4. FEI Number: 59-3220468 — 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

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

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

8. Did corporation elect liability for intangible taxes under s. 199.032 Florida Statutes? [ ] Yes [✓] No

9. Name and Address of Current Registered Agent

AHERN, FRED L JR.
2215 S. 3RD ST.
SUITE 101
JACKSONVILLE BEACH FL 32250

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 607.0502 and/or 608.4101, Florida Statutes, the above named corporation hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature of a member or agent of the corporation signifies that the corporation has complied with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE D NAME POGAR, MICHAEL L STREET ADDRESS 2633 CANYON FALLS DR. CITY, ST, ZIP JACKSONVILLE FL 32224	[ ] DELETE	
TITLE D NAME MALLOY, JANET L STREET ADDRESS 2633 CANYON FALLS DR. CITY, ST, ZIP JACKSONVILLE FL 32224	[ ] DELETE	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] DELETE	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] DELETE	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] DELETE	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] Change	[ ] Add
TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] Change	[ ] Add
TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] Change	[ ] Add
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] Change	[ ] Add
TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] Change	[ ] Add

CR2E034 (12/95)

14. I do hereby certify that the information supplied herein is true, correct, and, to the best of my knowledge, furnished and does not omit any material fact required to be stated herein. I further certify that the information indicated on this report or supplemental report is in accordance with the provisions of the corporate articles on file with the Department of State. I further certify that I am an officer or director of the corporation or the registered agent of the corporation upon whom service of process may be made, unless designated by Chapter 607, Florida Statutes, and to my knowledge, the signature below shall have the same legal effect as if made under oath; that I am aware that the information I have provided in Block 12 or Block 13 is subject to verification upon request by any person, and that false information may subject me to civil or criminal penalties.

SIGNATURE: Michael L. Pogar — Michael L. Pogar — April 16, 1996 — 904-292-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone