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 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000041230 (1)**

1. Corporation Name
G.IL CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
14822 SOUTHWEST 80 STREET MIAMI FL 33193	14822 SOUTHWEST 80 STREET MIAMI FL 33193

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: 65-0494962 — 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ DATE _____

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS
71 TITLE	P	72 TITLE ☐ Change ☐ Addition
73 NAME	LARRAZABAL, GUSTAVO J	74 NAME
75 STREET ADDRESS	14822 SOUTHWEST 80 STREET	76 STREET ADDRESS
77 CITY-ST-ZIP	MIAMI FL 33193	78 CITY-ST-ZIP
79 TITLE		80 TITLE ☐ Change ☐ Addition
81 NAME		82 NAME
83 STREET ADDRESS		84 STREET ADDRESS
85 CITY-ST-ZIP		86 CITY-ST-ZIP
87 TITLE		88 TITLE ☐ Change ☐ Addition
89 NAME		90 NAME
91 STREET ADDRESS		92 STREET ADDRESS
93 CITY-ST-ZIP		94 CITY-ST-ZIP
95 TITLE		96 TITLE ☐ Change ☐ Addition
97 NAME		98 NAME
99 STREET ADDRESS		100 STREET ADDRESS
101 CITY-ST-ZIP		102 CITY-ST-ZIP
103 TITLE		104 TITLE ☐ Change ☐ Addition
105 NAME		106 NAME
107 STREET ADDRESS		108 STREET ADDRESS
109 CITY-ST-ZIP		110 CITY-ST-ZIP
111 TITLE		112 TITLE ☐ Change ☐ Addition
113 NAME		114 NAME
115 STREET ADDRESS		116 STREET ADDRESS
117 CITY-ST-ZIP		118 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is 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 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 above, or on an attachment with an address.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0204786 CP

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # P94000041895 (1)

1. Corporation Name

SOUNDVIEW TELEVISION OF TALLAHASSEE, INC.

Principal Place of Business: 1101 GULF BREEZE PARKWAY STE. 207, GULF BREEZE FL 32561

Mailing Address: 1101 GULF BREEZE PARKWAY STE. 207, GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report: 6-3-94

2. Principal Place of Business
21 1101 Gulf Breeze Pkwy
Suite, Apt. # etc.
22 Suite 307
City & State
23 Gulf Breeze, FL
Zip 24 32561 County 25 Santa Rosa

2a. Mailing Address
26 1101 Gulf Breeze Pkwy.
Suite, Apt. # etc.
27 Suite 307
City & State
28 Gulf Breeze, FL
Zip 29 32561 County 30 Santa Rosa

4. FEI Number: 59-3276185 ☐ 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. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WALKER, JULIA B
125 W. ROMANA STREET
STE. 800
PENSACOLA FL

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, BENNETT S
STREET ADDRESS	1101 GULF BREEZE PRKWY STE. 207
CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	D
NAME	BRADY, BRIAN M
STREET ADDRESS	2491 GRAYSTONE
CITY-ST-ZIP	OKEMUS MI 48864
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	208 Pinetree Road	
14 CITY-ST-ZIP		
21 TITLE		☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	2161 White Owl Way	
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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] 1-31-95 (904) 932-7990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bennett S. Smith

0389020 CP