

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90121 035 \*\*\*300.00

**DOCUMENT # P94000052642**

1. Corporation Name

**SOUTHERN BROADCASTING OF PENSACOLA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

255 SO. MILLEDGE AVE  
ATHENS GA 30605

255 SO. MILLEDGE AVE  
ATHENS GA 30605

2. Principal Place of Business

2a. Mailing Address

21 1010 Tower Place

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Bogart GA

28

24 30622 25 Oconee

29 30 Zip Country

3. Date Incorporated or Qualified

07/15/1994

4. FEI Number

59-3256982

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STIVERS, H B  
LEVINE & STIVERS  
245 E. VIRGINIA STREET  
TALLAHASSEE FL 32301

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 D ☐ DELETE  
NAME STONE, PAUL C  
STREET ADDRESS 255 SO. MILLEDGE AVE  
CITY-ST-ZIP ATHENS GA 30605

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1010 Tower Place  
1.4 CITY-ST-ZIP Bogart GA 30622

TITLE D ☐ DELETE  
NAME GIDDENS, CHARLES  
STREET ADDRESS 1650 TYSON BLVD., SUITE 790  
CITY-ST-ZIP MCLEAN VA 22102-3915

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME HICKEY, SANDERS  
STREET ADDRESS 255 SO. MILLEDGE AVE  
CITY-ST-ZIP ATHENS GA 30605

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE O ☐ DELETE  
NAME FLUCK, VERNA  
STREET ADDRESS 255 SO. MILLEDGE AVE  
CITY-ST-ZIP ATHENS GA 30605

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 1010 Tower Place  
4.4 CITY-ST-ZIP Bogart GA 30622

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Verna Fluck* Verna Fluck  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99  
Date

706-549-6222  
Daytime Phone #

CR2E034 (11/98)