

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

FILED
Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P94000061360 (1)
 1. Corporation Name
GREATER JACKSONVILLE AD GROUP, INC.



Principal Place of Business 5323 PHILLIPS HIGHWAY JACKSONVILLE FL 32246	Mailing Address 5323 PHILLIPS HIGHWAY JACKSONVILLE FL 32207-7836
--	---

2. Principal Place of Business 21 10564 PHILIPS HWY Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE, FL Zip Country 24 32256 25 US	2a. Mailing Address 26 10564 PHILIPS HWY Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE FL Zip Country 29 32256 30 US	3. Date Incorporated or Qualified 08/19/1994	3a. Date of Last Report 02/23/1996
---	---	--	--

4. FEI Number 59-3260654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ESCUDE, MARK		1.2 NAME	
STREET ADDRESS 5323 PHILLIPS HIGHWAY		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32246		1.4 CITY-ST-ZIP	
TITLE SECRETARY	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNATHAN H JOYNER		2.2 NAME	
STREET ADDRESS 10564 PHILIPS HWY		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32256		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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: *Jonathan H Joyner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____

CR2E034 (9/96)