

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

FILED

Apr 28 1996 8:00 am
Secretary of State

DOCUMENT # P94000088026 (7)

1. Corporation Name

CHANNEL 56 OF ORLANDO, INC.



Principal Place of Business

1444 66TH STREET NORTH
CLEARWATER FL 34624

Mailing Address

1444 66TH STREET NORTH
CLEARWATER FL 34624

2. Principal Place of Business

2a. Mailing Address

21 14444 66TH STREET N

26 14444 66TH STREET N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 CLEARWATER, FL

28 CLEARWATER, FL

Zip Country

Zip Country

24 34624

25

29 34624

30

9. Name and Address of Current Registered Agent

WATSON, WILLIAM L
18401 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624

3. Date Incorporated or Qualified
12/06/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3288262

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

10. Name and Address of New Registered Agent

81 Name

SHREFFLER, ROBERT

82 Street Address (P.O. Box Number is Not Acceptable)

14444 66TH STREET N.

83

84 City

CLEARWATER

FL

85 Zip Code

34624

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 607.0605, Florida Statutes.

SIGNATURE

Robert H. Shreffler Robert H. Shreffler

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

C

NAME

WEST, JAMES L

STREET ADDRESS

14444 66TH STREET N

CITY - ST - ZIP

CLEARWATER FL 34624

TITLE

DR

NAME

STUECHER, DAN

STREET ADDRESS

3380 STATE ROAD 580

CITY - ST - ZIP

SAFETY HARBOR FL 34695

TITLE

D

NAME

TAYLOR, J ERIC JR

STREET ADDRESS

2025 INDIAN ROCKS ROAD

CITY - ST - ZIP

LARGO FL 34644

TITLE

D

NAME

MORGAN, CHARLES O JR

STREET ADDRESS

1300 NORTHWEST 167TH STREET

CITY - ST - ZIP

MIAMI FL 33169

TITLE

D

NAME

KELLY, DON

STREET ADDRESS

5525 S. MISSION ROAD #1207

CITY - ST - ZIP

TUCSON AZ 85746

TITLE

D

NAME

WILLIAMS, PAUL

STREET ADDRESS

8 LAUREL AVENUE

CITY - ST - ZIP

EAST ISLIP NY 11730

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE

D T

1.2 NAME

SHREFFLER, ROBERT

1.3 STREET ADDRESS

14444 66TH STREET N.

1.4 CITY - ST - ZIP

CLEARWATER, FL 34624

2.1 TITLE

S

2.2 NAME

MCDOWELL, GIL

2.3 STREET ADDRESS

14444 66th ST N

2.4 CITY - ST - ZIP

CLEARWATER FL 34624

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

300001798703

-04/29/96--01046--006

***200.00

4/28/96

OUR

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)(k), 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:

Robert H. Shreffler Robert H. Shreffler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

8/3-536-0036

Date

Daytime Phone #

CR2E034 (12/95)