


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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90094 042 \*\*\*150.00

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| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999   |  |   |   | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| DOCUMENT # P94000090122   |  |  |   |  |  |
| 1. Corporation Name<br>WILDER COMMUNICATIONS, INC.  |  |  |   |  |  |
| Principal Place of Business<br>2792 US 1 SOUTH<br>ST. AUGUSTINE FL 32086<br>US  |  |  | Mailing Address<br>WILDER COMMUNICATION. INC.<br>2792 US 1 SOUTH<br>ST. AUGUSTINE FL 32086<br>US  |  |  |
| 2. Principal Place of Business<br>21 14 White Street W.<br>Suite, Apt. #, etc.<br>22 City & State<br>23 St. Augustine FL, ST<br>Zip Country<br>24 32084 25 U.S.   |  | 2a. Mailing Address<br>26 14 White Street W.<br>Suite, Apt. #, etc.<br>27 City & State<br>28 St. Augustine, FL.<br>Zip Country<br>29 32084 30 U.S. |   | 3. Date Incorporated or Qualified<br>12/12/1994<br>4. FEI Number<br>59-3280299<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br>HAGLER, KENNETH D<br>3 PALM ROW<br>ST. AUGUSTINE FL 32084  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |  |  |   |  |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE V <input type="checkbox"/> DELETE<br>NAME WILDER, CAROLE<br>STREET ADDRESS 320 ST. GEORGE STREET<br>CITY-ST-ZIP ST. AUGUSTINE FL<br>TITLE P <input type="checkbox"/> DELETE<br>NAME WILDER, JOHN D.<br>STREET ADDRESS 711 A1A BEACH BLVD. APT. D.<br>CITY-ST-ZIP ST. AUGUSTINE BEACH FL 32084<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS 14 White St. W.<br>1.4 CITY-ST-ZIP St. Augustine, FL. 32084<br>2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS 14 White St. W.<br>2.4 CITY-ST-ZIP St. Augustine, FL. 32084<br>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

904-826-1010

Date

Daytime Phone #