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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000020514 (2)**

B-6 RADIO CORPORATION

Principal Place of Business			Mailing Address				ļ			, 42121 51157 11	21. 6.61. 150.	
1513 SOUTH CHIPLEY FL US			1513 SOUTH BLVD CHIPLEY FL 32428 US				DO NOT WRITE IN THIS SPACE					
							Ī	3. Date Incorporated or Qualified]
							}	03/13/1995				
2. Principal Place of Business			2a. Mailing Address					4. FEI Number	A	pplied For]	
21			26					59-3282235		N	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired	
City & State			City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees		
Zip 24	Country 25		Zip 29	├──┐		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
		d	nt Registered Agent		1			10. Name and Address of New Re	gistered	Agent		1
BA	LKOM, PETE	 J			B1	Name						1
1513 SOUTH BLVD						Street	Addres	s (P.O. Box Number is Not Acceptal	hio)			1
	INPLEY FL 324					Jueet.	Addies	duress (n.o. box riumber is filot Acceptable)				l
			83							1		
								 		Top 1 7:-	Codo	1
						City			FL	85 Zip	Code	}
office or r	realstered agen	 or both, in the State 	02 and 607.1508, Florid e of florida. Such chang gations of, Section 607.0	ie was author	ized b	v the corr	corpor poration	ation submits this statement for the i's board of directors. I hereby acce	purpose of pt the app	changing i ointment as	ts registered registered	
SIGNATURE	Signature, typied or	utinted transcol respected by	jent and tile « applicable	(NO1E: Roge	tered Ag	ent signature	e required	whon reinstating)	DATE			ے[
12.		OFFICERS AN	ID DIRECTORS		3.			ADDITIONS/CHANGES TO OFFI	CERS AND			1000
TITLE	PVST		∐ D£I	ETE 1	3 TITLE		1			☐ Change		15
NAME	BALKOM, PETE J				1.2 NAME							8
STREET ADDRESS	902 SOUT		1.3			STREET ADDRESS						R2F034
CITY - ST - ZIP	CHIPLEY I	L 32428		·		A CITY - ST - ZIP						Įβ
TITLE			☐ DEL	ETE 2	.1 TITLE					Change	Maddition	١٥
NAME					2 NAME							
STREET ADDRESS	1			1 2	3 STREET	ADDRESS]	•				
CITY-ST-ZIP					4 CITY -	ST - ZIP	ļ					
TITLE			☐ DEĹ		1 TITLE				•	L. Change	☐ Addition	
NAME	1				.2 NAME		1					1
STREET ADDRESS	1			1		ADDRESS	1					1
CITY-ST-ZIP						ST-ZIP	ļ.—.			T Ober	The same	1
TITLE			(_) DEL		J TITLE		Ì			☐ Change	Addition	
NAME				4. 2 N								
STREET ADDRESS						ADDRESS	}					-
CITY-ST-ZIP					4 CITY - S	ST-ZIP	 				1 1 1 1 1 1 1 1	-
TITLE	1		☐ DEL	.E1t = 5	1 TITLE		I			Change	Addition	1

6.4 CITY - ST - ZIP 14. Thereby 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

5.2 NAME

6.1 TITLE

6.2 NAME

5 3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

DELETE

CTCR J. Balkom 4/27/98 850-638-0234

FILED

May 06 1998 8:00am

Secretary of State

☐ Change ☐ Addition