

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

DOCUMENT # **P95000025424 (9)**

1. Corporation Name

PAXSON COMMUNICATIONS OF FT. PIERCE-34, INC.



Principal Place of Business

**18401 U.S. HWY. 19 NORTH
CLEARWATER FL 34624**

Mailing Address

**18401 U.S. HWY. 19 NORTH
CLEARWATER FL 34624**

3. Date Incorporated or Qualified
03/30/1995

3a. Date of Last Report

2. Principal Place of Business

21 **601 Clearwater Park Road**

Suite, Apt. #, etc.

22

City & State

23 **West Palm Beach, Florida**

Zip

24 **33401**

Country

25 **USA**

2a. Mailing Address

26 **601 Clearwater Park Road**

Suite, Apt. #, etc.

27

City & State

28 **West Palm Beach, Florida**

Zip

29 **33401**

Country

30 **USA**

4. FEI Number

65-0587768

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRISON, ANTHONY L
18401 U.S. HWY. 19 NORTH
CLEARWATER FL 34624**

81 Name

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

601 Clearwater Park Road

83

84 City

West Palm Beach

FL

85 Zip Code

33401

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D PAXSON, LOWELL W**
STREET ADDRESS **700 SPOTTIS WOODS LANE**
CITY-ST-ZIP **CLEARWATER FL 34624**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/CEO/C** ☒ Change ☐ Addition
1.2 NAME **Lowell W. Paxson**
1.3 STREET ADDRESS **601 Clearwater Park Road**
1.4 CITY-ST-ZIP **West Palm Beach, Florida 33401**

2.1 TITLE **P** ☐ Change ☒ Addition
2.2 NAME **James B. Bocock**
2.3 STREET ADDRESS **601 Clearwater Park Road**
2.4 CITY-ST-ZIP **West Palm Beach, Florida 33401**

3.1 TITLE **VP/T** ☐ Change ☒ Addition
3.2 NAME **Arthur D. Tek**
3.3 STREET ADDRESS **601 Clearwater Park Road**
3.4 CITY-ST-ZIP **West Palm Beach, Florida 33401**

4.1 TITLE **VP/Assistant Secretary** ☐ Change ☒ Addition
4.2 NAME **Anthony L. Morrison**
4.3 STREET ADDRESS **601 Clearwater Park Road**
4.4 CITY-ST-ZIP **West Palm Beach, Florida 33401**

5.1 TITLE **S** ☐ Change ☒ Addition
5.2 NAME **William L. Watson**
5.3 STREET ADDRESS **601 Clearwater Park Road**
5.4 CITY-ST-ZIP **West Palm Beach, Florida 33401**

6.1 TITLE **300001789813** ☐ Change ☐ Addition
6.2 NAME **-04/23/96--01012--015**
6.3 STREET ADDRESS *****200.00**
6.4 CITY-ST-ZIP

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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 659-4122

Date

Daytime Phone #

CR2E034 (12/95)