

FILE NOW: FILING FEE AFTER MAY 1 IS \$22

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P95000064871 (3)**

1. Corporation Name

CHANNEL 13 OF FLAGSTAFF, INC.



600001836266
-05/23/96--01016--004
***200.00

Principal Place of Business

Mailing Address

**14444 66TH STREET, NORTH
CLEARWATER FL 34624**

**14444 66TH STREET, NORTH
CLEARWATER FL 34624**

3. Date Incorporated or Qualified
08/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

Applied For

59-3341680

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

**WATSON, WILLIAM L
601 CLEARWATER PARK ROAD
WEST PALM BEACH FL 33401**

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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ C ☐ DELETE
NAME **WEST, JAMES L**
STREET ADDRESS **14444 66TH STREET, NORTH**
CITY-ST-ZIP **CLEARWATER FL 34624**

1.1 TITLE ☒ T ☐ Change ☒ Addition
1.2 NAME **SHREFFLER, ROBERT**
1.3 STREET ADDRESS **14444 66TH STREET N**
1.4 CITY-ST-ZIP **CLEARWATER, FL 34624**

TITLE ☐ S ☐ DELETE
NAME **MCDOWELL, GIL**
STREET ADDRESS **14444 66th ST N**
CITY-ST-ZIP **CLEARWATER FL 34624**

2.1 TITLE ☐ D ☐ Change ☒ Addition
2.2 NAME **TAYLOR, J ERIC JR**
2.3 STREET ADDRESS **2025 INDIAN ROCKS RD**
2.4 CITY-ST-ZIP **LARGO, FL 34649**

TITLE ☐ ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ D ☐ Change ☒ Addition
3.2 NAME **WILLIAMS, PAUL**
3.3 STREET ADDRESS **8 LAUREL AVENUE**
3.4 CITY-ST-ZIP **EAST ISLIP, NY 11730**

TITLE ☐ ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ D ☐ Change ☒ Addition
4.2 NAME **KELLY, DON**
4.3 STREET ADDRESS **5525 S. MISSION ROAD #1207**
4.4 CITY-ST-ZIP **TUCSON, AZ 85746**

TITLE ☐ ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ D ☐ Change ☒ Addition
5.2 NAME **STUECHER, DAN**
5.3 STREET ADDRESS **3380 S.R. 580**
5.4 CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE ☐ ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ D ☐ Change ☒ Addition
6.2 NAME **MORGAN, CHARLES O JR**
6.3 STREET ADDRESS **1300 NORTHWEST 167TH STREET**
6.4 CITY-ST-ZIP **MIAMI, FL 33169**

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

Date

Daytime Phone #

4/23/96 813-536-0036

CR2E034 (12/95)