

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000079545 (6)

1. Corporation Name

CHANNEL 55 OF ALBANY, INC.

Principal Place of Business

14444 66TH STREET NORTH  
CLEARWATER FL 34624

Mailing Address

14444 66TH STREET NORTH  
CLEARWATER FL 34624



400001833844  
-05/22/96--01017--035  
\*\*\*200.00

3. Date Incorporated or Qualified  
10/17/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3346008

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

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, 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

4/24/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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-STATE-ZIP CLEARWATER FL 34624

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

8.1 TITLE ☐ Change ☒ Addition  
8.2 NAME SHREFFLER, ROBERT  
8.3 STREET ADDRESS 14444 66TH STREET N  
8.4 CITY-STATE-ZIP CLEARWATER, FL 34624

9.1 TITLE ☐ Change ☒ Addition  
9.2 NAME TAYLOR, J. ERIC JR  
9.3 STREET ADDRESS 2025 INDIAN ROCKS RD  
9.4 CITY-STATE-ZIP LARGO, FL 34649

10.1 TITLE ☐ Change ☒ Addition  
10.2 NAME WILLIAMS, PAUL  
10.3 STREET ADDRESS 8 LAUREL AVENUE  
10.4 CITY-STATE-ZIP EAST ISLIP, NY 11730

11.1 TITLE ☐ Change ☒ Addition  
11.2 NAME KELLY, DON  
11.3 STREET ADDRESS 5525 S. MISSION ROAD #1207  
11.4 CITY-STATE-ZIP TUCSON, AZ 85746

12.1 TITLE ☐ Change ☒ Addition  
12.2 NAME STUECHER, DAN  
12.3 STREET ADDRESS 3380 S.R. 580  
12.4 CITY-STATE-ZIP SAFETY HARBOR, FL 34695

13.1 TITLE ☐ Change ☒ Addition  
13.2 NAME MORGAN, CHARLES O JR  
13.3 STREET ADDRESS 1300 NORTHWEST 167TH STREET  
13.4 CITY-STATE-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 #

4/24/96

CR2E034 (12/95)