

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 # P95000080676 (6)

1. Corporation Name

EMERALD COAST COMMUNICATIONS GROUP, INC.



Principal Place of Business

Mailing Address

5520 STEWART STREET MILTON FL 32570

5520 STEWART STREET MILTON FL 32570

3. Date Incorporated or Qualified 10/17/1995
3a. Date of Last Report

| | | | |
|---|---------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 59-3342256 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | 27 | <input type="checkbox"/> | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 | 28 | <input type="checkbox"/> | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |
| 9. Name and Address of Current Registered Agent | | 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent LEBLANC, RANDY 5520 STEWART STREET MILTON FL 32570 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 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: Randy LeBlanc (NOTE: Registered Agent signature required when filing change) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | Randy J. LeBlanc |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 5265 Sewell Road |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Milton, FL 32570 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Cheryl LeBlanc |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 5265 Sewell Road |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Milton, FL 32570 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Sterling Mann |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 4448 Stacey Circle |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Milton, FL 32570 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Catherine G. Pierce |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 6408 D Ashborough Court |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Milton, FL 32570 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Randy LeBlanc |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 5265 Sewell Road |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Milton, FL 32570 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 an attachment with an address.

SIGNATURE: Catherine G. Pierce (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: May 1, 1996 904-623-6231 (Daytime Phone #)

CR2E034 (12/95)