

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P95000081191 (5)**

1. Corporation Name

CHANNEL 55 DALLAS, INC.

Principal Place of Business

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

Mailing Address

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



700001833847
-05/22/96--01017--036

3. Date of Report Qualified
10/20/1995

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

59-3346011

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 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 registering)

DATE

4/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**

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**

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**

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**

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**

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 #

4/24/96 813-536-0036

CR2E034 (12/95)