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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000013313 (7)**

1. Corporation Name
WANT ADS OF CLEARWATER/ ST. PETERSBURG, INCORPOR ATED

Principal Place of Business	Mailing Address
20011 EMERALD COAST PKWY DESTIN FL 32540	20011 EMERALD COAST PKWY DESTIN FL 32541-3410

3. Date Incorporated or Qualified: 02/12/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1703 SOUTH MISSOURI
22 Suite, Apt. #, etc.
23 City & State: CLEARWATER, FL
24 Zip: 34616 25 Country: US

2a. Mailing Address
26 PO BOX 1659
27 Suite, Apt. #, etc.
28 City & State: DESTIN FL
29 Zip: 32541 30 Country: US

4. FEI Number: 93-1198336 ☐ 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
SMITH, RONALD C
20011 EMERALD COAST PKWY
DESTIN FL 32540

10. Name and Address of New Registered Agent
81 Name: NRAI SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
83 526 E. PARK AVENUE
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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: C. Baclet — C. Baclet, Vice President — 04/17/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTENSEN, ROBERT L 20011 EMERALD COAST PARKWAY DESTIN FL 32540	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODRUFF, ROGER 6411 NORTH HUBERT AVENUE TAMPA FL 33614	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PTD ROGER WOODRUFF 1703 SOUTH MISSOURI CLEARWATER, FL 34616	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, RONALD C 20011 EMERALD COAST PARKWAY DESTIN FL 32540	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S KIMBERLY S. MODLIN 20011 EMERALD COAST PKWY DESTIN, FL 32541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kimberly S. Modlin — Kimberly S. Modlin — 4/16/97 — 941-837-8801