

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**CORPORATION REPORT**  
**1997**



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

**FILED**

97 OCT - 8 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000075600 (2)**

1. Corporation Name  
**EMERALD ADVERTISING, INC.**

**REINSTATEMENT 1997**



Principal Place of Business

**3386 US 17 NORTH  
YULEE FL 32097**

Mailing Address

~~P.O. BOX 1244~~  
**YULEE FL 32091-1244**  
**53 Alice St**  
**Hilliard, FL 32046**

3. Date Incorporated or Qualified <b>09/09/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3413609</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**POOLE, WESLEY R**  
**303 CENTRE STREET STE 200**  
**FERNANDINA BEACH FL 32034**

10. Name and Address of Now Registered Agent

81 Name <b>Debra J. Casey</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>53 Alice St</b>
83
84 City <b>Hilliard FL</b>
85 Zip Code <b>32046</b>

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 *Debra J. Casey*  
Signature typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CASEY, DEBRA J</b>	
STREET ADDRESS	<b>PO BOX 1244 N/A</b>	
CITY-ST-ZIP	<b>YULEE FL 32097</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>500002316055--4</b>
1.4 CITY-ST-ZIP	<b>-10/09/97--01065--009</b>
2.1 TITLE	<b>***758.75 ***758.75</b>
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*P. Allen*  
**10-8/97**

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 *Debra J. Casey*

CR2E034 (9/96)