

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S15937** (3)

1. Corporation Name

PRO-LINE TELEVISION, INC.

Principal Place of Business

10803-S SAN JOSE BOULEVARD
JACKSONVILLE FL 32257
US

Mailing Address

10803-S SAN JOSE BOULEVARD
JACKSONVILLE FL 32257
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/27/1990

3a. Date of Last Report

08/23/1994

4. FEI Number

59-3052272

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CREWS JR., JOHNNY R.
12745 PLUMMER GRANT ROAD
JACKSONVILLE FL 32258

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

Johnny R. Crews Jr.
of registered agent and take it as a condition

President
of the corporation

April 28, 1995
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CREWS JR., JOHNNY R.
STREET ADDRESS 12745 PLUMMER GRANT ROAD
CITY- ST- ZIP JACKSONVILLE FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE SD
NAME CREWS, MICHELLE
STREET ADDRESS 12745 PLUMMER GRANT ROAD
CITY- ST- ZIP JACKSONVILLE FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE VPD
NAME HENEX, ARNOLD
STREET ADDRESS 10061 DELANO DRIVE E
CITY- ST- ZIP JACKSONVILLE FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

☒ Change ☐ Addition

TITLE TD
NAME ARNOLD, HOLLE R
STREET ADDRESS 10061 DELANO DRIVE E
CITY- ST- ZIP JACKSONVILLE FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change ☐ Addition

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)(b), 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:

Johnny R. Crews Jr.
SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 1995
DATE

(904) 733-5474
TELEPHONE NUMBER