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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S69346** (2)

1. Corporation Name

S. JORDAN COMMUNICATIONS, INC.



Principal Place of Business

**1230 N ADAMS ST
TALLAHASSEE FL 32303**

Mailing Address

**1230 N ADAMS ST
TALLAHASSEE FL 32303**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

**BUTLER, NEIL H.
322 BEARD ST
TALLAHASSEE FL 32303**

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 607.01(2) and 607.15(8), 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 607.01(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **P JORDAN, SYLVIA S**
STREET ADDRESS **1230 N ADAMS ST**
CITY-STATE-ZIP **TALLAHASSEE FL**

2. TITLE ☐ DELETE

NAME **POPE-JOHNSON, CATHIE**
STREET ADDRESS **1230 N. ADAMS ST**
CITY-STATE-ZIP **TALLAHASSEE FL**

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

7. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

8. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

904-224-3805

CR2E034 (12/95)