

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S88100** (0)

CENTURY 100 BROADCASTING, INC.

DO NOT WRITE IN THIS SPACE

Principal Office Address: 210 GOVERNMENT ST
S-C
NICEVILLE FL 32578
US

Mailing Address: 26-A RACETRACK ROAD NW
FT. WALTON BEACH FL 32547-1640

3. Date incorporated or Qualified: 10/14/1991
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3095505
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. 199.002 Florida Statutes: ☒ Yes ☐ No

2. Principal Office Address: 21
2b. Mailing Address: 26
22. State Agent: 27
23. City & State: 28
24. City: 25
25. County: 29
26. Country: 30

9. Name and Address of Current Registered Agent
LEE, ROBERT E.
26-A RACETRACK ROAD NW
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City:
85. Zip Code: FL

11. Pursuant to the provisions of Sections 607.04(2) 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 provisions of Section 607.009, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D KINDRED, LAWRENCE E. 618 ST. MARTIN COVE NICEVILLE FL	NAME	Director Robert E. Lee 231 Miracle Strip Parkway Mary Esther, FL 32569
NAME	D LEE, GARY E. 112 INDIAN BAYOU DR. DESTIN FL	NAME	
NAME	D PHELPS, PLENN H. 1418 BAY SHORE DR. NICEVILLE FL	NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 199.002 (b)(3) Florida Statutes. I further certify that the information included 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 secretary or the law corporation to which this report is required by Chapter 199, Florida Statutes, and that my name appears in this report or Block 1 of the report as an officer, director, or secretary.

SIGNATURE:
DIRECTOR AND VICE PRESIDENT
Director and Vice President

April 27, 1995 904-243-9510