

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S88100** (0)

1. Corporation Name

CENTURY 100 BROADCASTING, INC.



Principal Place of Business

**210 GOVERNMENT ST
S-C
NICEVILLE FL 32578
US**

Mailing Address

**26-A RACETRACK ROAD NW
FT. WALTON BEACH FL 32547-1640**

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. **210 Government Street**

27. Suite, Apt. #, etc.

27. **S-C**

27. City & State

28. **Niceville, FL**

29. Zip

29. **32578**

29. Country

29. **U.S.A.**

29. 30.

3. Date Incorporated or Qualified

10/14/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3095505

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032.

Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**LEE, ROBERT E.
26-A RACETRACK ROAD NW
FT. WALTON BEACH FL 32548**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

541 Mary Esther Cut-Off

83.

Fort Walton Beach

84.

City

FL 85. Zip Code

32548

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Signature typed or printed name of registered agent and if not applicable

Typed Registered Agent Signature and Date (if not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LEE, ROBERT E**
STREET ADDRESS **231 MIRACLE STRIP PARKWAY**
CITY- ST- ZIP **MARY ESTHER FL**

TITLE **D** ☐ DELETE
NAME **LEE, GARY E.**
STREET ADDRESS **112 INDIAN BAYOU DR.**
CITY- ST- ZIP **DESTIN FL**

TITLE **D** ☐ DELETE
NAME **PHELPS, PLENN H.**
STREET ADDRESS **1418 BAY SHORE DR.**
CITY- ST- ZIP **NICEVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP ☐ Change ☐ Addition

2. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP ☐ Change ☐ Addition

3. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP ☐ Change ☐ Addition

4. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP ☐ Change ☐ Addition

6. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

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)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/ROBERT E. LEE

4/8/96

(904)244-7611

CR2E034 (12/95)