

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V17610** (9)

1. Corporation Name

**PHIPPS TELEVISION OF TENNESSEE, INC.**



Principal Place of Business

Mailing Address

~~PO BOX 3048~~  
**TALLAHASSEE FL 32315**

~~PO BOX 3048~~  
**TALLAHASSEE FL 32315**

2. Principal Place of Business

2a. Mailing Address

21 **3110 Capital Circle NE**

26 **3110 Capital Circle NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Second Floor**

27 **Second Floor**

City & State

City & State

23 **Tallahassee, FL**

28 **Tallahassee, FL**

Zip

**32308**

Country

**USA**

Zip

**32308**

Country

**USA**

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANE, W.H.**

~~COUNTY ROAD 12~~

**TALLAHASSEE FL 32312**

81 Name

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

**3110 Capital Circle NE**

83 **Second Floor**

84 City

**Tallahassee**

**FL**

85 Zip Code

**32308**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**  
**PHIPPS, JOHN E.**  
STREET ADDRESS **ORCHARD POND PLANTATION**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **PD**  
**BOYLE, DENNIS O.**  
STREET ADDRESS **3078 SHAMROCK N.**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **STD**  
**LANE, W.H.**  
STREET ADDRESS **3919 LAKEVIEW DRIVE**  
CITY-ST-ZIP **TALLAHASSEE 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address

SIGNATURE:

**W. H. Lane**

**6/11/96**

**904/297-6082**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (3/96)