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FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V37027** (2)

1. Corporation Name
JC ADVERTISING, INC.

Principal Place of Business

**1250 BELLE AVE
SUITE 101
WINTER SPRINGS FL 32708**

Mailing Address

**1250 BELLE AVE
SUITE 101
WINTER SPRINGS FL 32708-2903**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/18/1992

3a. Date of Last Report

04/04/1996

4. FEI Number

59-3127562

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

9. Name and Address of Current Registered Agent

**CICHON, JOHN PAUL
1250 BELLE AVE
SUITE 101
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent

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

Signature of the person changing the registered agent or office (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

12.1 TITLE

**PTD
CICHON, JOHN PAUL
208 ROBIN LEE ROAD
OVIEDO FL**

12.2 STREET ADDRESS

12.3 CITY-STATE-ZIP

12.4 TITLE

**VSD
CICHON, REGINA MARIE
208 ROBIN LEE ROAD
OVIEDO FL**

12.5 STREET ADDRESS

12.6 CITY-STATE-ZIP

12.7 TITLE

12.8 NAME

12.9 STREET ADDRESS

12.10 CITY-STATE-ZIP

12.11 TITLE

12.12 NAME

12.13 STREET ADDRESS

12.14 CITY-STATE-ZIP

12.15 TITLE

12.16 NAME

12.17 STREET ADDRESS

12.18 CITY-STATE-ZIP

12.19 TITLE

12.20 NAME

12.21 STREET ADDRESS

12.22 CITY-STATE-ZIP

12.23 TITLE

12.24 NAME

12.25 STREET ADDRESS

12.26 CITY-STATE-ZIP

12.27 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-STATE-ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3/18/97

(407) 699-5477

CR2E034 (9/96)