SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V40044** **(2)**

1. Corporation Name
FLORIDA INFORMATION RADIO INC.

Principal Place of Business	Mailing Address
2070 N. PALAFAX DR. PENSACOLA FL 32501	PO BOX 8219 PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-3121332 ☐ 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

MCDONALD, BONITA S.
104 MALDONADO DR.
PENSACOLA BEACH FL 32561

10. Name and Address of New Registered Agent

81 Name: McDonald, Bonita Sue
82 Street Address (P.O. Box Number is Not Acceptable): 2070 N. Palafox St.
83
84 City: Pensacola FL 85 Zip Code: 32501

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: Bonita Sue McDonald — 7/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Director, President	☒ Change ☐ Addition
NAME	MCDONALD, DAVID M.	1.2 NAME	McDonald, David Maurice	
STREET ADDRESS	104 MALDONADO DR.	1.3 STREET ADDRESS	2070 N. Palafox St.	
CITY-ST-ZIP	PENSACOLA BEACH FL	1.4 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	2.1 TITLE	Director, Secretary, Treasurer	☒ Change ☐ Addition
NAME	MCDONALD, BONITA S.	2.2 NAME	McDonald, Bonita Sue	
STREET ADDRESS	104 MALDONADO DR.	2.3 STREET ADDRESS	2070 N. Palafox St.	
CITY-ST-ZIP	PENSACOLA BEACH FL	2.4 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	V	3.1 TITLE	Vice President, Director	☒ Change ☐ Addition
NAME	OLIVER, MARK	3.2 NAME	Oliver, Mark Lawrence	
STREET ADDRESS	104 MALDONADO DR.	3.3 STREET ADDRESS	2070 N. Palafox St.	
CITY-ST-ZIP	PENSACOLA BEACH FL	3.4 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	ST	4.1 TITLE		☒ Change ☐ Addition
NAME	MCDONALD, BONITA SUE	4.2 NAME		
STREET ADDRESS	104 MALDONADO DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(i), 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: Bonita McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

017E000 FP