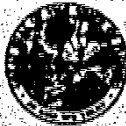


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V40044**

(2)

1. Corporation Name

FLORIDA INFORMATION RADIO INC.

Principal Place of Business

2070 N. PALAFAX DR.
PENSACOLA FL 32501

Mailing Address

PO BOX 8219
PENSACOLA FL 32505

FILED

1995 JUL 13 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/01/1992

3a. Date of Last Report

06/04/1994

4. FEI Number

59-3121332

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

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. Palafax 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

7/6/95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MCDONALD, DAVID M.

STREET ADDRESS

104 MALDONADO DR.

CITY-ST-ZIP

PENSACOLA BEACH FL

TITLE

D

NAME

MCDONALD, BONITA S.

STREET ADDRESS

104 MALDONADO DR.

CITY-ST-ZIP

PENSACOLA BEACH FL

TITLE

V

NAME

OLIVER, MARK

STREET ADDRESS

104 MALDONADO DR.

CITY-ST-ZIP

PENSACOLA BEACH FL

TITLE

ST

NAME

MCDONALD, BONITA SUE

STREET ADDRESS

104 MALDONADO DR.

CITY-ST-ZIP

PENSACOLA BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Director, President

☒ Change

☐ Addition

1.2 NAME

McDonald, David Maurice

1.3 STREET ADDRESS

2070 N. Palafax St.

1.4 CITY-ST-ZIP

Pensacola, FL 32501

2.1 TITLE

Director, Secretary Treasurer

☒ Change

☐ Addition

2.2 NAME

McDonald, Bonita Sue

2.3 STREET ADDRESS

2070 N. Palafax St.

2.4 CITY-ST-ZIP

Pensacola, FL 32501

3.1 TITLE

Vice President, Director

☒ Change

☐ Addition

3.2 NAME

Oliver, Mark Lawrence

3.3 STREET ADDRESS

2070 N. Palafax St.

3.4 CITY-ST-ZIP

Pensacola, FL 32501

4.1 TITLE

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

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 110.07(3)(b), 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 Sue McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime / Home #

CR2E034 (3/95)