

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V45253

1. Corporation Name

TIDELINE BROADCASTING, INC.

Principal Place of Business

2126 FOX RUN
LYNN HAVEN FL 32444
US

Mailing Address

2126 FOX RUN
LYNN HAVEN FL 32444

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90049 017 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1992

4. FEI Number

59-3132750

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2424 FRANKFORD AVE.

2a. Mailing Address

26 P.O. Box 15881

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite "C"

27

City & State

City & State

23 Panama City, FL

28 Panama City, FL

Zip

Country

Zip

Country

24 32405

25 USA

29 32406

30 USA

9. Name and Address of Current Registered Agent

WAHLBERG, RANDALL R.
2126 FOX RUN
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name

Wahlberg, Randall R.

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

1705 Rhode Island Avenue

83

84 City

Lynn Haven

FL

85 Zip Code

32444

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 R. L. R. Wahlberg

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WAHLBERG, RANDALL R.
STREET ADDRESS ~~2126 FOX RUN~~
CITY-ST-ZIP LYNN HAVEN FL

☐ DELETE

TITLE VPD
NAME PRIGGE, PATRICIA LYNNE
STREET ADDRESS 540 HILL CIRCLE
CITY-ST-ZIP WANAMINGO MN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1705 Rhode Island Avenue
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

R. L. R. Wahlberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/99 850-914-2920

CR2E034 (11/98)