

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

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 111977 (5)
 1. Corporation Name
TIMES PUBLISHING COMPANY



Principal Place of Business 490 1ST. AVENUE S. ST. PETERSBURG FLORIDA 33701	Mailing Address 490 1ST. AVENUE S. ST. PETERSBURG FLORIDA 33701-4204
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3. Date Incorporated or Qualified 10/26/1904	3a. Date of Last Report 02/27/1996
4. FEI Number 59-0482470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

ROALES, JUDITH
490 FIRST AVENUE SOUTH
ST. PETERSBURG FL 33701

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	BARNES, ANDREW	
STREET ADDRESS	490 1ST. AVENUE S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAIMAN, ROBERT J.	
STREET ADDRESS	490 1ST. AVENUE S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROALES, JUDITH	
STREET ADDRESS	490 FIRST AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TDSV	<input type="checkbox"/> DELETE
NAME	KARL, CATHERINE	
STREET ADDRESS	490 1 ST AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SKENE, NEIL	
STREET ADDRESS	490 1ST AVENUE S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Catherine Karl* | **Catherine Karl**, Treasurer & Secretary 3/03/97 813/893-8407

CR2E034 (9/96)

OFFICERS AND DIRECTORS OF TIMES PUBLISHING COMPANY (cont'd)

<u>NAME</u>	<u>TITLE</u>	<u>STREET ADDRESS</u>	
Brown, Neil S.	D	490 First Avenue South, St. Petersburg, FL 33701	Addition
Corty, Andrew P.	VD	490 First Avenue South, St. Petersburg, FL 33701	
Foley, Michael F.	VD	490 First Avenue South, St. Petersburg, FL 33701	
Galley, Phillip L.	VD	490 First Avenue South, St. Petersburg, FL 33701	Change
Morgan, Lucy W.	D	490 First Avenue South, St. Petersburg, FL 33701	
Naughton, James M.	D	490 First Avenue South, St. Petersburg, FL 33701	Addition
Tash Paul C.	D	490 First Avenue South, St. Petersburg, FL 33701	

c:state
3/3/97