

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

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90155 031 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 111977**

1. Corporation Name  
**TIMES PUBLISHING COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**490 1ST. AVENUE S.  
 ST. PETERSBURG FLORIDA 33701**

Mailing Address  
**490 1ST. AVENUE S.  
 ST. PETERSBURG FLORIDA 33701**

3. Date Incorporated or Qualified  
**10/26/1904**

4. FEI Number  
**59-0482470** 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 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 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	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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: *Catherine Karl* Catherine Karl, V.P., Treas. & Secretary 2/10/99 (727)893-8407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

DO  
874

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**OFFICERS AND DIRECTORS OF TIMES PUBLISHING CO**

<b><u>NAME</u></b>	<b><u>TITLE</u></b>	<b><u>STREET ADDRESS</u></b>
Brown, Neil S.	D	490 First Avenue South, St. Petersburg, FL 33701
Corty, Andrew P.	VD	490 First Avenue South, St. Petersburg, FL 33701
Foley, Michael F.	VD	490 First Avenue South, St. Petersburg, FL 33701
Franconeri, Louis J.	V	490 First Avenue South, St. Petersburg, FL 33701
Gailey, Philip L.	VD	490 First Avenue South, St. Petersburg, FL 33701
Merry, Robert W.	D	490 First Avenue South, St. Petersburg, FL 33701
Morgan, Lucy W.	D	490 First Avenue South, St. Petersburg, FL 33701
Naughton, James M.	D	490 First Avenue South, St. Petersburg, FL 33701
Tash, Paul C.	VD	490 First Avenue South, St. Petersburg, FL 33701

2/5/99  
c:annual  
csp