FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 23 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **119559** **(3)**

1. Corporation Name
FREE PRESS PUBLISHING COMPANY

Principal Place of Business	Mailing Address
P O BOX 1333 TAMPA FL 33601	P O BOX 1333 TAMPA FL 33601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/28/1929	3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-0255610	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 1010 W. Cass St.	26 1010 W. Cass St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33606 Country 25 USA	Zip 29 33606 Country 30 USA

9. Name and Address of Current Registered Agent

HARRISON III,JOHN N
1010 W. CASS STREET
TAMPA FL 33606

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 _____ (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	P	11 TITLE	☐ Change ☐ Addition
NAME	HARRISON, JOHN N., IV	12 NAME	
STREET ADDRESS	1010 W. CASS ST.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	14 CITY-ST-ZIP	
TITLE	CTD	21 TITLE	☐ Change ☐ Addition
NAME	HARRISON, JOHN N III	22 NAME	
STREET ADDRESS	1010 W. CASS ST.	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	24 CITY-ST-ZIP	
TITLE	SDV	31 TITLE	☐ Change ☐ Addition
NAME	HARRISON, JO BETH	32 NAME	
STREET ADDRESS	1010 W. CASS ST.	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	ALEXANDER, ANN HARRISON	42 NAME	
STREET ADDRESS	2826 ALPINE RD N.E.	43 STREET ADDRESS	8207 Powers Ford
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	Marietta, GA 30067
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 added by an attachment with an address.

SIGNATURE: John N Harrison IV 1-16-95 (813) 254-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302407 CP