FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name
FREE PRESS PUBLISHING COMPANY

Principal Place of Business
1010 W.CASS ST.
TAMPA FL 33606
US

Mailing Address
1010 W.CASS ST.
TAMPA FL 33606
US

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: **03/28/1929**
3a. Date of Last Report: **01/23/1995**
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

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: John N. Harrison, IV
82 Street Address (P.O. Box Number is Not Acceptable): 1010 West Cass Street
83
84 City: Tampa FL 85 Zip Code: 33606

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] DATE 2-9-96

Signature, Typed or Printed Name of Registered Agent and Title, if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, JOHN N., IV		1.2 NAME		
STREET ADDRESS	1010 W. CASS ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY-ST-ZIP		
TITLE	CTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, JOHN N III		2.2 NAME		
STREET ADDRESS	1010 W. CASS ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		2.4 CITY-ST-ZIP		
TITLE	SDV	☐ DELETE	3.1 TITLE	D V	☒ Change ☐ Addition
NAME	HARRISON, JO BETH		3.2 NAME		
STREET ADDRESS	1010 W. CASS ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, ANN HARRISON		4.2 NAME		
STREET ADDRESS	3207 POWERS FORD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	S D	☐ Change ☒ Addition
NAME			5.2 NAME	Janet Harrison	
STREET ADDRESS			5.3 STREET ADDRESS	1010 W. Cass St.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tampa FL 33606	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 119.07(3)(k), 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: [signature] 2-9-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)