

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 # 206102 (6)

1. Corporation Name
FLORIDA PRESS SERVICE, INC.



Principal Place of Business: 336 E. COLLEGE AVE., STE. 103 TALLAHASSEE FL 32301
 Mailing Address: 336 E. COLLEGE AVE., STE. 103 TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 09/21/1957
 3a. Date of Last Report: 03/09/1995
 4. FEI Number: 59-0820774
 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 (21-24)
 2a. Mailing Address (25-30)
 22. Suite, Apt. #, etc.
 23. City & State
 24. Zip, Country

9. Name and Address of Current Registered Agent: SHELTON, DICK, 336 E. COLLEGE AVE., SUITE 103, TALLAHASSEE FL 32301
 10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent Signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PO	<input type="checkbox"/> DELETE	1.1 TITLE: STM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHELTON, RICHARD DICK		1.2 NAME:	
STREET ADDRESS: 336 E. COLLEGE AVE.		1.3 STREET ADDRESS:	
CITY-ST-ZIP: TALLAHASSEE, FL 00000		1.4 CITY-ST-ZIP:	
TITLE: R	<input type="checkbox"/> DELETE	2.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VEDDER, ROBERT		2.2 NAME: TOM GIUFFRIDA	
STREET ADDRESS: 200 E VENICE AVE		2.3 STREET ADDRESS: 2751 S. DIXIE HWY	
CITY-ST-ZIP: VENICE FL		2.4 CITY-ST-ZIP: W. PALM BEACH, FL 33405	
TITLE: R	<input type="checkbox"/> DELETE	3.1 TITLE: V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HITT, RICHARD		3.2 NAME:	
STREET ADDRESS: 107 SW 17TH ST		3.3 STREET ADDRESS:	
CITY-ST-ZIP: OKEECHOBEE FL		3.4 CITY-ST-ZIP:	
TITLE: TOM GIUFFRIDA	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard D. Shelton 2/1/96 904/222-5790
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (12/95)