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FILED
Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # **206102** (6)
 1. Corporate Name
FLORIDA PRESS SERVICE, INC.



Principal Place of Business Mailing Address
336 E.COLLEGE AVE.,STE.103 **336 E.COLLEGE AVE.,STE.103**
TALLAHASSEE FL 32301 **TALLAHASSEE FL 32301-1554**

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

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

3. Date Incorporated or Qualified **09/21/1957** 3a. Date of Last Report **03/04/1996**
 4. FEI Number **59-0820774** 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

SHELTON, DICK
336 E. COLLEGE AVE., SUITE 103
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **SHELTON, RICHARD DICK**
 STREET ADDRESS **336 E. COLLEGE AVE.**
 CITY-ST-ZIP **TALLAHASSEE, FL 00000**
 TITLE DELETE
 NAME **VEDDER, ROBERT**
 STREET ADDRESS **2761 S. DIXIE HIGHWAY**
 CITY-ST-ZIP **W. PALM BEACH FL**
 TITLE DELETE
 NAME **HITT, RICHARD**
 STREET ADDRESS **107 SW 17TH ST**
 CITY-ST-ZIP **OKEECHOBEE FL**
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SM** Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE **VP** Change Addition
 2.2 NAME **GERRY MULLIGAN**
 2.3 STREET ADDRESS **1624 N. Meadowcrest Blvd.**
 2.4 CITY-ST-ZIP **Crystal River, FL 34429**
 3.1 TITLE **P** Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE **T** Change Addition
 4.2 NAME **Don Whitworth**
 4.3 STREET ADDRESS **401 S. MISSOURI AVE**
 4.4 CITY-ST-ZIP **CAICELANO, FL 33801**
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change 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 published 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 1/22/97 904/222-5790
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)