

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/21/1957

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

4. FEI Number 59-0820774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	SM	<input type="checkbox"/> DELETE
NAME	SHELTON, RICHARD DICK	
STREET ADDRESS	336 E. COLLEGE AVE.	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MULLIGAN, GERRY	
STREET ADDRESS	1824 N MEADOWCREST BLVD	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MITT, RICHARD	
STREET ADDRESS	107 SW 17TH ST	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITWORTH, DON	
STREET ADDRESS	401 S MISSOURI AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	ED BARBER	
STREET ADDRESS	1105 W. UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VPO ED BARBER
5.3 STREET ADDRESS	1105 W. UNIVERSITY AVE
5.4 CITY-ST-ZIP	GAINESVILLE, FL 32601
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.

SIGNATURE: Richard D. Shelton **Feb 2, 98** **904/222-5790**

CFR2E034 (10/97)