

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90011 011 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 206102

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

| | | | |
|-----------------------------------|------------------------|--|---|
| 21 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-0820774 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 City & State | 28 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Zip | 29 Zip | 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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 **SHELTON, RICHARD D.**

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | SM <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHELTON, RICHARD DICK | 1.2 NAME | SHELTON, RICHARD D. |
| STREET ADDRESS | 336 E. COLLEGE AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MULLIGAN, GERRY | 2.2 NAME | |
| STREET ADDRESS | 1624 N MEADOWCREST BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | 2.4 CITY-ST-ZIP | |
| TITLE | CD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HITT, RICHARD | 3.2 NAME | ROCKWELL, CARLA |
| STREET ADDRESS | 107 SW 17TH ST | 3.3 STREET ADDRESS | 1401 OAKFIELD DR. |
| CITY-ST-ZIP | OKEECHOBEE FL | 3.4 CITY-ST-ZIP | BRANDON, FL 33511-2800 |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITWORTH, DON | 4.2 NAME | |
| STREET ADDRESS | 401 S MISSOURI AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 4.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 5.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARBER, ED | 5.2 NAME | |
| STREET ADDRESS | 1105 W UNIVERSITY AVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL 32601 | 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 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, with all other like empowered.

SIGNATURE: R. SHELTON 2/23/99 850/222-5790
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)