

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

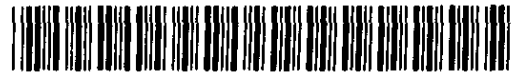
02-22-2000 90018 027 ***150.00

DOCUMENT # 206102
 1. Entity 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 32301-1554
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2. Principal Place of Business Suite, Apt. #, etc. 122 S. CALHOUN ST.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-0820774	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SHELTON, RICHARD D
336 E. COLLEGE AVE., SUITE 103
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	SM	<input type="checkbox"/> Delete
NAME	SHELTON, RICHARD D	
STREET ADDRESS	336 E. COLLEGE AVE.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MULLIGAN, GERRY	
STREET ADDRESS	1624 N MEADOWCREST BLVD	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROCKWELL, CARLA	
STREET ADDRESS	1401 OAKFIELD DRIVE	
CITY-ST-ZIP	BRANDON FL 33511-2800	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WHITWORTH, DON	
STREET ADDRESS	401 S MISSOURI AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARBER, ED	
STREET ADDRESS	1105 W UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CANNON, CARL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE RIVERSIDE DR.	
STREET ADDRESS	JACKSONVILLE, FL 32202-0053	
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard D. Shelton **Jan 25, 2000** **850/222-5790**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #