

**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 # **338740** (4)

1. Corporation Name  
**TALLAHASSEE COMMUNICATIONS, INC.**



Principal Place of Business: **234 BLOUNTSTOWN HWY BLOUNTSTOWN HWY. AT PENSACOLA ST. TALLAHASSEE FL 32304 US**  
Mailing Address: **P O BOX 20305 BLOUNTSTOWN HWY. AT PENSACOLA ST. TALLAHASSEE FL 32316**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **12/10/1968**  
3a. Date of Last Report: **03/31/1995**  
4. FEI Number: **59-1225450**  
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 or intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **LIVINGSTON, CHARLES C SR. RT 5 BOX 260 N/A QUINCY FL 32351**  
10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	NAME: <b>LIVINGSTON, CHARLES C SR.</b>	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>RT 5 BOX 260</b>	CITY-STATE-ZIP: <b>QUINCY FL</b>	1.2 NAME:	
TITLE: <b>D</b>	NAME: <b>LIVINGSTON, JUDITH A</b>	1.3 STREET ADDRESS:	
STREET ADDRESS: <b>RT 5 BOX 260</b>	CITY-STATE-ZIP: <b>QUINCY FL</b>	1.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>ST</b>	NAME: <b>LIVINGSTON, JUDITH A</b>	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>RT 5 BOX 260</b>	CITY-STATE-ZIP: <b>QUINCY FL</b>	2.2 NAME:	
TITLE: <b>P</b>	NAME: <b>LIVINGSTON, CHARLES C SR</b>	2.3 STREET ADDRESS:	
STREET ADDRESS: <b>RT 5 BOX 260 N/A</b>	CITY-STATE-ZIP: <b>QUINCY FL</b>	2.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		3.2 NAME:	
TITLE: <input type="checkbox"/> DELETE		3.3 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE		3.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		4.2 NAME:	
TITLE: <input type="checkbox"/> DELETE		4.3 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE		4.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		5.2 NAME:	<b>CFO</b>
TITLE: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS:	<b>Sweeney, Tracy Michelle</b>
TITLE: <input type="checkbox"/> DELETE		5.4 CITY-STATE-ZIP:	<b>2099 Calico Cr. Tallahassee, FL 32303</b>
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		6.2 NAME:	
TITLE: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE		6.4 CITY-STATE-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 119.013(3)(b), 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, or both, or on an attachment with an address.

SIGNATURE: *Michelle Sweeney* DATE: **3/26/96** TELEPHONE: **904-576-7113**

CR2E034 (12/95)