

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

FILED

**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 338740 (4)

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 32316-0305
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3. Date Incorporated or Qualified 12/10/1968	3a. Date of Last Report 03/29/1996
4. FEI Number 59-1225450	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip 25 Country	29 Zip 30 Country

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 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 _____ DATE _____
(Signature: typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, CHARLES C SR.	
STREET ADDRESS	RT 5 BOX 260	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, JUDITH A	
STREET ADDRESS	RT 5 BOX 260	
CITY-ST-ZIP	QUINCY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, JUDITH A	
STREET ADDRESS	RT 5 BOX 260	
CITY-ST-ZIP	QUINCY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, CHARLES C SR	
STREET ADDRESS	RT 5 BOX 260 N/A	
CITY-ST-ZIP	QUINCY FL	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	SWEENEY, TRACY MICHELLE	
STREET ADDRESS	7099 CALICO COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 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, unchanged, or on an attachment with an address.

SIGNATURE: *Tracy Michelle Sweeney* - CFO 4/30/97 904-576-7113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)