FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J84160** **(7)**

1. Corporation Name
GULF COAST WEEKLIES, INC.

Principal Place of Business	Mailing Address
2510 DEL PRADO BLVD CAPE CORAL FL 33904-750 US	2510 DEL PRADO BLVD CAPE CORAL FL 33904-750 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 07/24/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2824932 ☐ Applied For ☐ Not Applicable
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 for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JENKINS, JOEL
2510 DEL PRADO BLVD
CAPE CORAL FL 33910

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NUTTING, G. OGDEN
STREET ADDRESS	1500 MAIN ST
CITY-ST-ZIP	WHEELING WV
TITLE	VD
NAME	NUTTING, WILLIAM C.
STREET ADDRESS	1500 MAIN ST
CITY-ST-ZIP	WHEELING WV
TITLE	SD
NAME	NUTTING, WILLIAM O.
STREET ADDRESS	1500 MAIN ST
CITY-ST-ZIP	WHEELING WV
TITLE	VD
NAME	NUTTING, ROBERT M.
STREET ADDRESS	1500 MAIN ST
CITY-ST-ZIP	WHEELING WV
TITLE	T
NAME	WITTMAN, DUANE D
STREET ADDRESS	1500 MAIN ST
CITY-ST-ZIP	WHEELING WV
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP ☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition

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 119.07(i)(k), Florida Statutes. I further certify that the information indicated on the 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: [signature] DUANE D. WITTMAN 5/1/95 (304) 233-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0320249 CP