

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

FILED

**Apr 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000054831 (0)

1. Corporation Name
PEBBLE BEACH PUBLISHING, INC.



| | |
|---|--|
| Principal Place of Business 1860 U.S. 1 SOUTH SUITE 19 ST. AUGUSTINE FL 32086 | Mailing Address 1960 U.S. 1 SOUTH SUITE 19 ST. AUGUSTINE FL 32086-4233 |
|---|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 07/25/1994 | 3a. Date of Last Report 06/24/1996 |
| 4. FEI Number 59-3259506 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
**MICHAEL R. TAUTKUS
4942 MEDORAS AVE
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent
81. Name **MICHAEL R. TAUTKUS**
82. Street Address (P.O. Box Number is Not Acceptable)
140 PELICAN RD.
83. City **ST. AUGUSTINE** FL 85. Zip Code **32086**

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 the person, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Michael R. Tautkus*

(NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|---|--|
| TITLE P | NAME CRIBBS, DEREK | 1.1 TITLE TREASURER | 1.2 NAME MICHAEL R. TAUTKUS |
| STREET ADDRESS 297 TRADEWIN LANE | CITY-STATE-ZIP ST. AUGUSTINE FL | 1.3 STREET ADDRESS 140 PELICAN RD. | 1.4 CITY-STATE-ZIP ST. AUGUSTINE, FL 32086 |
| TITLE | NAME | 2.1 TITLE | 2.2 NAME |
| STREET ADDRESS | CITY-STATE-ZIP | 2.3 STREET ADDRESS | 2.4 CITY-STATE-ZIP |
| TITLE | NAME | 3.1 TITLE | 3.2 NAME |
| STREET ADDRESS | CITY-STATE-ZIP | 3.3 STREET ADDRESS | 3.4 CITY-STATE-ZIP |
| TITLE | NAME | 4.1 TITLE | 4.2 NAME |
| STREET ADDRESS | CITY-STATE-ZIP | 4.3 STREET ADDRESS | 4.4 CITY-STATE-ZIP |
| TITLE | NAME | 5.1 TITLE | 5.2 NAME |
| STREET ADDRESS | CITY-STATE-ZIP | 5.3 STREET ADDRESS | 5.4 CITY-STATE-ZIP |
| TITLE | NAME | 6.1 TITLE | 6.2 NAME |
| STREET ADDRESS | CITY-STATE-ZIP | 6.3 STREET ADDRESS | 6.4 CITY-STATE-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)(j), 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, as on an attachment with an address.

SIGNATURE: *Michael R. Tautkus*

Date **3/21/97** Daytime Phone # **904 461 5554**

CR2E034 (9/96)