

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

FILED

**May 16 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 # P96000002226 (4)
 1. Corporation Name
CENTRAL FLORIDA PUBLISHING, INC.



Principal Place of Business 94 EAST MITCHELL HAMMOCK ROAD OVIEDO FL 32765	Mailing Address 94 EAST MITCHELL HAMMOCK ROAD OVIEDO FL 32765-9783
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/08/1996	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3360933	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81. Name **Thomas R. Thomas**
 82. Street Address (P.O. Box Number is Not Acceptable)
94 E MITCHELL HAMMOCK RD
 83. City **OVIEDO** FL 85. Zip Code **32765**

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 **THOMAS R. THOMAS** **4/30/97**
 Signature, typed or printed name of registered agent and title, if applicable. Registered Agent Signature (required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PRESIDENT	ROBERT MASON	428 CELERY CIRCLE N. OVIEDO, FLORIDA 32765		
V. PRESIDENT	THOMAS R. THOMAS	757 N. GRETNA CT. WINTER SPRINGS, FL 32708		
TREASURER / DIRECTOR	GEORGE T. MCKAIGB	1802 N. LAUREL DR ROCKLEDGE, FL.		
	SCOTT MCKAIGB	1802 N. LAUREL DR ROCKLEDGE, FL.		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PRESIDENT / DIRECTOR	ROBERT MASON	428 CELERY CIRCLE N. OVIEDO, FL 32765		
V. PRESIDENT / DIRECTOR / SECRETARY	THOMAS R. THOMAS	757 N. GRETNA CT. WINTER SPRINGS, FL 32708		
TREASURER / DIRECTOR	GEORGE T. MCKAIGB	1802 N. LAUREL DR ROCKLEDGE, FL.		
DIRECTOR	SCOTT MCKAIGB	1802 N. LAUREL DR ROCKLEDGE, FL.		

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 if changed, or on an attachment with an address

SIGNATURE: **THOMAS R. THOMAS** 4/30/97 (607)3151111

CR2E034 (9/96)