

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 012575 (7)

1. Corporation Name

COLLIER COUNTY PUBLISHING COMPANY

Principal Place of Business

312 WALNUT ST. 28TH FL
P.O. BOX 5380
CINCINNATI OH 45201
US

Mailing Address

312 WALNUT ST. 28TH FLOOR
P.O. BOX 5380
CINCINNATI OH 45201
US



3. Date Incorporated or Qualified

08/06/1923

3a. Date of Last Report

05/01/1995

4. FEI Number

59-0578327

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME CASTELLINI, DANIEL J.
STREET ADDRESS 7057 WOODSEGE DR.
CITY-ST-ZIP CINCINNATI OH ☐ DELETE

TITLE P
NAME WYANT, CORBIN A.
STREET ADDRESS 320 BOWLINE DR
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE VD
NAME BURLEIGH, WILLIAM R.
STREET ADDRESS 5925 ROPES DR
CITY-ST-ZIP CINCINNATI OH ☐ DELETE

TITLE S
NAME KUPRIONIS, M. DENISE
STREET ADDRESS 214 REDBUD CT
CITY-ST-ZIP LOVELAND OH ☐ DELETE

TITLE T
NAME WOLFZORN, E. JOHN
STREET ADDRESS 2255 HEATHER HILL BLVD.
CITY-ST-ZIP CINCINNATI OH ☐ DELETE

TITLE D
NAME SCRIPPS, CHARLES E.
STREET ADDRESS 10 GRANDIN LANE
CITY-ST-ZIP CINCINNATI OH ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(513) 977-3000

Date

Daytime Phone #

CR2E034 (12/95)