

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90053 041 \*\*\*150.00

DOCUMENT # F97000000768

1. Corporation Name  
LICKLE PUBLISHING, INC.

Principal Place of Business  
777 SOUTH FLAGLER DR  
SUITE 1112  
WEST PALM BEACH FL 33401

Mailing Address  
777 SOUTH FLAGLER DR  
SUITE 1112  
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1997

4. FEI Number

65-0627064

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ Additional

\$8.75 Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite W1006

Suite, Apt. #, etc.

Suite W1006

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SELTZER, GAIL  
777 SOUTH FLAGLER DR., STE 1112  
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box, Number is Not Acceptable)

777 South Flagler Dr, Suite W1006

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

*William C. Lickle* Controller

3/12/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☐ DELETE  
NAME LICKLE, WILLIAM C  
STREET ADDRESS 568 ISLAND DR  
CITY-ST-ZIP PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME LICKLE, RENEE K  
STREET ADDRESS 568 ISLAND DR  
CITY-ST-ZIP PALM BEACH FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME SELTZER, GAIL  
STREET ADDRESS 777 S. FLAGLER DR., STE 1112  
CITY-ST-ZIP WEST PALM BEACH FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 777 S. Flagler Dr., Suite W1006  
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME LICKLE, GARRISON D  
STREET ADDRESS 777 S. FLAGLER DR., STE 1112  
CITY-ST-ZIP WEST PALM BEACH FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 777 S. Flagler Dr., Suite W1006  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*William C. Lickle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-99

Date

561-835-8451

Daytime Phone #

CR2E034 (11/98)