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FILED

Jan 27 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 # 005145 (8)

1. Corporation Name  
SANFORD HERALD

Principal Place of Business  
WAYNE D. DOYLE  
300 NORTH FRENCH AVE  
SANFORD FL 32771

Mailing Address  
WAYNE D. DOYLE  
300 NORTH FRENCH AVE  
SANFORD FL 32771-1118



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

3. Date Incorporated or Qualified

05/08/1911

3a. Date of Last Report

04/15/1996

4. FEI Number

59-0434830

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

HARRIS, GEORGE  
300 N. FRENCH AVE.  
SANFORD FL 32771

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME HARRIS, GEORGE  
STREET ADDRESS 300 N. FRENCH AVE.  
CITY-ST-ZIP SANFORD FL 32771

TITLE DP ☐ DELETE

NAME HASKELL, ROBERT H III  
STREET ADDRESS 204 BROAD ST  
CITY-ST-ZIP MARTINSVILLE, VA 00000

TITLE S ☐ DELETE

NAME WINN, ANN B.  
STREET ADDRESS 204 BROAD ST.  
CITY-ST-ZIP MARTINSVILLE VA

TITLE VD ☐ DELETE

NAME HASKELL, ELIZABETH H.  
STREET ADDRESS 204 BROAD ST.  
CITY-ST-ZIP MARTINSVILLE, VA 00000

TITLE D ☐ DELETE

NAME HASKELL, ANTOINETTE M  
STREET ADDRESS 204 BROAD ST  
CITY-ST-ZIP MARTINSVILLE, VA 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Jan 97

Date

Daytime Phone #

CR2E034 (9/96)