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Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 010193 (1)
1. Corporation Name
ASSOCIATED PUBLICATION CORPORATION



Principal Place of Business Mailing Address
% RICHARD R FRISBIE
P O BOX 89 495 E SUMMERLIN STREET
BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/04/1921	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0148060	
24 Country		29 Country		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30.	
				9. Name and Address of Current Registered Agent	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	Chairman
NAME	FRISBIE, RICHARD R.	1.2 NAME	Frisbie, Richard R
STREET ADDRESS	495 E SUMMERLIN	1.3 STREET ADDRESS	495 E. Summerlin
CITY-ST-ZIP	BARTOW, FL 00000	1.4 CITY-ST-ZIP	Bartow, FL
TITLE	P	2.1 TITLE	Secretary
NAME	HOLLAND, MARIANN E.	2.2 NAME	Holland, Mariann E.
STREET ADDRESS	495 E SUMMERLIN	2.3 STREET ADDRESS	495 E. Summerlin
CITY-ST-ZIP	BARTOW, FL 00000	2.4 CITY-ST-ZIP	Bartow, FL
TITLE	V	3.1 TITLE	Co-Pres/CEO
NAME	FRISBIE, HENRY L.	3.2 NAME	Frisbie, Henry L.
STREET ADDRESS	495 E SUMMERLIN	3.3 STREET ADDRESS	495 E. Summerlin
CITY-ST-ZIP	BARTOW, FL 00000	3.4 CITY-ST-ZIP	Bartow, FL
TITLE	ST	4.1 TITLE	
NAME	CRUCET, REBECCA E.	4.2 NAME	
STREET ADDRESS	495 E SUMMERLIN	4.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	Co-President/CFO
NAME	CULLINS, LISA	5.2 NAME	Cullins, Lisa
STREET ADDRESS	495 E. SUMMERLIN	5.3 STREET ADDRESS	495 E. Summerlin
CITY-ST-ZIP	BARTOW FL	5.4 CITY-ST-ZIP	Bartow, FL
TITLE	VP	6.1 TITLE	VP
NAME	FRISBIE, MARK	6.2 NAME	Mamie Nelle Frisbie
STREET ADDRESS	495 E. SUMMERLIN	6.3 STREET ADDRESS	495 E. Summerlin
CITY-ST-ZIP	BARTOW FL	6.4 CITY-ST-ZIP	Bartow, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907.007, 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:

Richard R Frisbie

2/14/98 941 5334114

CR2E034 (10/97)