FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **012575** **(7)**

1. Corporation Name

COLLIER COUNTY PUBLISHING COMPANY

Principal Place of Business	Mailing Address
312 WALNUT ST. 28TH FL P.O. BOX 5380 CINCINNATI OH 45201 US	312 WALNUT ST. 28TH FLOOR P.O. BOX 5380 CINCINNATI OH 45201 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/06/1923**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25)
Zip (29) County (30)

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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	CASTELLINI, DANIEL J.	12 NAME	
STREET ADDRESS	7057 WOODSEDGE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	WYANT, CORBIN A.	22 NAME	
STREET ADDRESS	320 BOWLINE DR	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	BURLEIGH, WILLIAM R.	32 NAME	
STREET ADDRESS	5925 ROPES DR	33 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	KUPRIONIS, M. DENISE	42 NAME	
STREET ADDRESS	214 REDBUD CT	43 STREET ADDRESS	
CITY-ST-ZIP	LOVELAND OH	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	WOLFZORN, E. JOHN	52 NAME	
STREET ADDRESS	2255 HEATHER HILL BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SCRIPPS, CHARLES E.	62 NAME	
STREET ADDRESS	10 GRANDIN LANE	63 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	64 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)(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: D.J.C. D. J. Castellini 4/26/95 (513) 977-3000
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0984027 CP