

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

**FILED**  
**Mar 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 111977 (5)**  
 1. Corporation Name  
**TIMES PUBLISHING COMPANY**



Principal Place of Business <b>490 1ST. AVENUE S. ST. PETERSBURG FLORIDA 33701</b>	Mailing Address <b>490 1ST. AVENUE S. ST. PETERSBURG FLORIDA 33701</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/26/1904</b>	
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	25	26
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-0482470</b>	
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	25	26
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ROALES, JUDITH</b> <b>490 FIRST AVENUE SOUTH</b> <b>ST. PETERSBURG FL 33701</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BARNES, ANDREW</b>			1.2 NAME			
STREET ADDRESS	<b>490 1ST. AVENUE S.</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROALES, JUDITH</b>			2.2 NAME			
STREET ADDRESS	<b>490 FIRST AVENUE SOUTH</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>TDSV</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KARL, CATHERINE</b>			3.2 NAME			
STREET ADDRESS	<b>490 1 ST AVENUE SOUTH</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 printed attachment with an address.

SIGNATURE: *Catherine Karl* **Catherine Karl, V.P., Treas. & Secretary** 3/11/98 (813)893-8407

CR2E034 (10/97)

**OFFICERS AND DIRECTORS OF TIMES PUBLISHING COMPANY (cont'd.)**

<b><u>NAME</u></b>	<b><u>TITLE</u></b>	<b><u>STREET ADDRESS</u></b>
<b>Brown, Nell S.</b>	<b>D</b>	<b>490 First Avenue South, St. Petersburg, FL 33701</b>
<b>Corty, Andrew P.</b>	<b>VD</b>	<b>490 First Avenue South, St. Petersburg, FL 33701</b>
<b>Foley, Michael F.</b>	<b>VD</b>	<b>490 First Avenue South, St. Petersburg, FL 33701</b>
<b>Franconeri, Louis J.</b>	<b>V</b>	<b>490 First Avenue South, St. Petersburg, FL 33701 Addition</b>
<b>Galley, Phillip L.</b>	<b>VD</b>	<b>490 First Avenue South, St. Petersburg, FL 33701</b>
<b>Merry, Robert W.</b>	<b>D</b>	<b>490 First Avenue South, St. Petersburg, FL 33701 Addition</b>
<b>Morgan, Lucy W.</b>	<b>D</b>	<b>490 First Avenue South, St. Petersburg, FL 33701</b>
<b>Naughton, James M.</b>	<b>D</b>	<b>490 First Avenue South, St. Petersburg, FL 33701</b>
<b>Tash, Paul C.</b>	<b>VD</b>	<b>490 First Avenue South, St. Petersburg, FL 33701</b>

**3/5/98  
c:annual  
csp**