


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

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FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90064 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 113698 1. Corporation Name NEWS-JOURNAL CORPORATION			
Principal Place of Business 901 6TH STR DAYTONA BEACH FL 32117-8099 US		Mailing Address % HERBERT M DAVIDSON, JR PO BOX 2831 DAYTONA BEACH FL 32120-2831 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 03/01/1927		4. FEI Number 59-0376230 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DAVIDSON, HERBERT M., JR. 901 SIXTH STREET DAYTONA BEACH FL 32117		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 _____			
12. OFFICERS AND DIRECTORS			
TITLE	ASVD	<input type="checkbox"/> DELETE	
NAME	KANEY, GEORGIA M.		
STREET ADDRESS	901 6TH ST		
CITY-ST-ZIP	DAYTONA BCH, FL 00000 32117		
TITLE	ASDT	<input type="checkbox"/> DELETE	
NAME	DAVIDSON, MARC L.		
STREET ADDRESS	901 6TH ST.		
CITY-ST-ZIP	DAYTONA BCH, FL 32117		
TITLE	ASVD	<input type="checkbox"/> DELETE	
NAME	COBB, THOMAS T		
STREET ADDRESS	901 6TH ST		
CITY-ST-ZIP	DAYTONA BCH., FL 00000 32117		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	KANEY, JONATHAN D., JR.		
STREET ADDRESS	901 6TH ST		
CITY-ST-ZIP	DAYTONA BCH., FL 00000 32117		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	DAVIDSON, HERBERT M JR		
STREET ADDRESS	901 6TH ST		
CITY-ST-ZIP	DAYTONA BCH., FL 00000 32117		
TITLE	AS	<input type="checkbox"/> DELETE	
NAME	DAVIDSON TRUILO, JULIA		
STREET ADDRESS	901 SIXTH ST		
CITY-ST-ZIP	DAYTONA BEACH FL 32117		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	Robert Truilo D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	901 Sixth Street		
1.3 STREET ADDRESS	Daytona Beach, FL 32117		
1.4 CITY-ST-ZIP			
2.1 TITLE	David R. Kendall VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	901 Sixth Street		
2.3 STREET ADDRESS	Daytona Beach, FL 32117		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	DAVIDSON TRUILO, JULIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	901 SIXTH ST.		
6.3 STREET ADDRESS	DAYTONA BEACH, FL 32117		
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: Georgia M. Kaney Georgia M. Kaney 1-13-99 904-252-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)