

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90117 046 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 119544**

1. Corporation Name  
**TALLAHASSEE DEMOCRAT INC**

Principal Place of Business

J. MICHAEL PATE  
277 NORTH MAGNOLIA DR  
TALLAHASSEE FL 32301-2664  
US

Mailing Address

J. M. PATE  
277 NORTH MAGNOLIA DR  
TALLAHASSEE FL 32301-2664  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/25/1929**

4. FEI Number

**59-0184700**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

PATE, J M  
277 N MAGNOLIA  
TALLAHASSEE FL 32301

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 V ☐ DELETE  
NAME DUNLAP, DORIS S.  
STREET ADDRESS 277 N. MAGNOLIA DRIVE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE V ☐ DELETE  
NAME BRANHAM, LORRAINE  
STREET ADDRESS 277 N MAGNOLIA DR  
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE PP ☐ DELETE  
NAME PATE, M M  
STREET ADDRESS 277 N. MAGNOLIA DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE V ☐ DELETE  
NAME JONES, ROSS  
STREET ADDRESS KRI ONE HERALD PLAZA  
CITY-ST-ZIP MIAMI, FLORIDA 0

TITLE T ☒ DELETE  
NAME NOTTAGE, SAMUEL  
STREET ADDRESS 277 N. MAGNOLIA DR.  
CITY-ST-ZIP TALLAHASSEE FL

TITLE S ☒ DELETE  
NAME HARRIS, DOUGLAS C.  
STREET ADDRESS KRI ONE HERALD PLAZA  
CITY-ST-ZIP MIAMI, FLORIDA 0

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 Webber, Cindy  
5.3 STREET ADDRESS 277 N. Magnolia Drive  
5.4 CITY-ST-ZIP Tallahassee FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/99

850-599-2130