

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:35

DOCUMENT # 176860

(5)

1. Corporation Name

THE GABLES PUBLISHING COMPANY

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/07/1954
3a. Date of Last Report 02/07/1994

4. FEI Number 59-0705454
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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, DOUGLAS C.
ONE HERALD PLAZA
MIAMI FL 33132

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 translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BATTEN, JAMES K.
STREET ADDRESS	ONE HERALD PLAZA
CITY - ST - ZIP	MIAMI FL
TITLE	SVFO
NAME	JONES, ROSS
STREET ADDRESS	ONE HERALD PLAZA
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	HARRIS, DOUGLAS C.
STREET ADDRESS	ONE HERALD PLAZA
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	RIDDER, P. ANTHONY
STREET ADDRESS	ONE HERALD PLAZA
CITY - ST - ZIP	MIAMI FL
TITLE	AT
NAME	SHERIFF, STEPHEN H.
STREET ADDRESS	ONE HERALD PLAZA
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	RIDDER, BERNARD H. JR
STREET ADDRESS	ONE HERALD PLAZA
CITY - ST - ZIP	MIAMI FL

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

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Douglas C. Harris

1/25/95

(305) 376-3884

(Typed name of officer or director or receiver or trustee)

Date

Telephone Number