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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 291602 1. Corporation Name

STUART NEWS COMPANY

FILED
May 03, 1999 8:00 am
Secretary of State
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Principal Place of Business Mailing Address								i liftin train taint tigin gritt at	a 1781 BIBLI B		81415 81511 1981	
312 WALNUT ST., 28TH FLOOR 312 WALNUT STREET, 28TH FL					LOOR							
P.O. BOX 5380 POST OFFICE BOX 5380								DO NOT WRITE IN THIS SPACE				
CINCINNATI OH 45201 CINCINNATI OHIO 45201 US US								3. Date Incorporated or Qualifed	IE IN ITIIO	SFACE		
00	•	•	,					04/06/1965				
2 Principal P	lace of Business	2a	. Mailing Address				<del>-  </del> ,	4. FEI Number			Applied For	
21 21			26					59-1093327		1	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75	Additional	
22						5. Certifcate of Status Desired		Fee i	Required			
City & Staf	e	City & State				6. Election Campaign Financing		\$5.0	<b>0</b> May Be			
23		28	***************************************					Trust Fund Contribution		Adde	to Fees	
Zip	Country		Zip		intry			8. This corporation owes the curr	ent year Int		Пма	
24	25	29		30	,			Personal Property Tax.	)!	Yes	□ No	
	9. Name and Address of Curren	t Regis	stered Agent	_	81	Name	1	0. Name and Address of New I	registerea	Agent		
CT	CODDODATION SYSTEM				01	Name						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			Ī			Street	Address	(P.O. Box Number is Not Accept	able)			
PLANTATION: FL:33324:				83								
rusi	100 and 1844 an				83							
	The safe of the sa				84	City		<u> </u>		85 Zij	Code	
	. 41 524								FL	•		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Flori	da. Such change was ai	ithonzed	1 bv	the coroc	corporat oration's	ion submits this statement for the board of directors. I hereby acce	purpose or ot the appoi	ntment as	ts registered registered	
SIGNATURE												
	Signature, typed or printed name of registered ager				Agen	t signature re	required who	n reinstating)	DATE			
12.	OFFICERS AN	D DIRE		13.		·	T	ADDITIONS/CHANGES TO OF	FICERS AF	DIRECT		
TITLE	S S S S S S S S S S S S S S S S S S S		☐ DELETE	1.5 ∏						L_1 Orlange		
NAME	KUPRIONIS, M. DENISE			1.2 N			ŀ					
STREET ADDRESS	214 REDBUD CT.					ADDRESS			•			
CITY-ST-ZIP	LOVELAND OH		□ DELETE	_	TY-\$1	-ZIP				Change	e	
TITLE	P		☐ DELETE	2.1 TI						Changi		
NAME	WEBER, THOMAS			2.2 N				t				
STREET ADDRESS	432 PINE TREE LANE					ADDRESS						
CITY-ST-ZIP	STUART FL				ΠY-S	T-ZIP	V10			<b>⊳</b> Change	Addition	
TITLE	V		☐ DELETE	3 1 TI				LULUI, D. J.		Es onangi	- L_1 A00000	
NAME	CASTELLINI, D J			3.2 N		1	704-	WOODS EOUE DRIVE				
STREET ADORESS	7057 WOODSEDGE DRIVE			- 1		ADDRESS						
CITY-ST-ZIP	CINCINNATI OH		C DELETE	_	TY-S	T-ZIP	unc	INNATI, OH		. ☐ Chang	e 🗀 Additio	
TITLE			☐ DELETE	4.1 Ti						chang		
NAME	WOLFZORN, E. JOHN			4.21								
STREET ADDRESS		4				ADDRESS						
CITY-ST-ZIP	CINCINNATI OH		<b>17</b> 50 50 50 50 50 50 50 50 50 50 50 50 50	_	TY-\$1	r-ZIP	-			Chara	e Additio	
TITLE	D		<b>⊠</b> DELETE	5.1 TI			BUELE	16H, WILLIAM R.		Chang	e 🖂 Madillo	
NAME	LESER, LAWRENCE A.			52 N			1	EAST BEND RD.				
STREET ADDRESS	6400 SHAWNEE PINES DR.						Į.	_				
CITY-ST-ZIP	CINCINNATI OH		<b>57</b>		TY-\$1	- ZIP		NGTON, KY			ייהר אח <u>ר</u>	
TITLE	0		☑ DELETE	6.1 TI			D	A A A A A A A A A A A A A A A A A A A		☐ Chang	e & Addition	
NAME .	SCRIPPS, CHARLES			6.2 N			l	N, ALAN M. OCUST, HINL RD.				
STREET ADDRÉSS	1.10 GRANDIN I ANE			6.3 S	TREET	ADDRESS	39 V	ACORA 'MIND				

64 CITY-ST-ZIP CITY-ST-ZIP1 CINCINNATI OH 15 14. 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: AS

CINCINNATI, OH