

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 347983

1. Corporation Name

LAKE CITY REPORTER, INC.

200001840562
-05/28/96--01029--001
***3061.25

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 126 EAST DUVAL ST.

2a. Mailing Address

26 THE New YORK Times Co.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 1709

27 229 W 43d ST

City & State

City & State

23 LAKE CITY, FL

28 New York, NY

Zip

Zip

24 32005

Country

29 10036

Country

25 US

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06-16-1969

3a. Date of Last Report
5-1-95

4. FEI Number

59-1264319

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

10. Name and Address of New Registered Agent

81 Name United States Corporation Co.

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83 Suite 105

84 City Tallahassee

FL

85 Zip Code

32301

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV ☒ Change ☐ Addition

1.2 NAME DON CALDWELL
1.3 STREET ADDRESS 126 EAST DUVAL ST.
1.4 CITY-ST-ZIP LAKE CITY, FL 32005

2.1 TITLE SD ☐ Change ☒ Addition

2.2 NAME LAURA J. CORWIN
2.3 STREET ADDRESS 229 W 43d ST
2.4 CITY-ST-ZIP New York, NY 10036

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME KATHARINE P. DARROW
3.3 STREET ADDRESS 229 W 43d ST
3.4 CITY-ST-ZIP New York, NY 10036

4.1 TITLE DP ☐ Change ☒ Addition

4.2 NAME JAMES C. WEEKS
4.3 STREET ADDRESS 3414 Peachtree Rd N.E.
4.4 CITY-ST-ZIP ATLANTA GA 30326

5.1 TITLE V ☐ Change ☒ Addition

5.2 NAME DAVID L. GORHAM
5.3 STREET ADDRESS 229 W 43d ST
5.4 CITY-ST-ZIP New York, NY 10036

6.1 TITLE T ☐ Change ☒ Addition

6.2 NAME RICHARD G. THOMAS
6.3 STREET ADDRESS 229 W 43d ST
6.4 CITY-ST-ZIP New York, NY 10036

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA J. CORWIN
Secretary

Date

2/8/96

212-556-5995

Daytime Phone #

CR2E034 (12/95)

347983

e-2

ADDITIONS - FLORIDA

LAKE CITY REPORTER, INC.
126 East Duval Street
P.O. Box 1709
Lake City, FL 32005

T
Martha Greenough
229 West 43d Street
New York, NY 10036

T
Thomas H. Nied
229 West 43d Street
New York, NY 10036

T
Robert S. Tobin
229 West 43d Street
New York, NY 10036