

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 363077 (9)

1. Corporation Name

SUMTER PUBLICATIONS, INC.



Principal Place of Business

Mailing Address

WEST PARK AVE.  
BOX 980  
CHIEFLND FL 32626

WEST PARK AVE.  
BOX 980  
CHIEFLND FL 32626

3. Date Incorporated or Qualified

04/24/1970

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 West Park Ave.

26 West Park Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 980

27 P.O. Box 980

City & State

City & State

23 Chiefland, FL

28 Chiefland, FL

Zip Country

Zip Country

24 32644 25

29 32644 30

4. FEI Number

59-1356257

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, WALTER H.  
WEST PARK AVE.  
CHIEFLND FL 32626

81 Name Christopher S. Wilson

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

624 West Park Ave.

83

84 City Chiefland

FL

85 Zip Code 32644

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 Christopher S. Wilson

(NOTE: Registered Agent signature required when reinstating)

4/12/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD WILSON, WALTER H. DELETE

NAME WILSON, WALTER H.  
STREET ADDRESS 624 W. PARK AVE.  
CITY-ST-ZIP CHIEFLND FL

TITLE D WILSON, WIHLENA V. DELETE

NAME WILSON, WIHLENA V.  
STREET ADDRESS 624 W. PARK AVE.  
CITY-ST-ZIP CHIEFLND FL

TITLE D WILSON, FREDERICK M. DELETE

NAME WILSON, FREDERICK M.  
STREET ADDRESS 624 W. PARK AVE.  
CITY-ST-ZIP CHIEFLND, FL 00000

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Christopher S. Wilson Change Addition

1.2 NAME Christopher S. Wilson  
1.3 STREET ADDRESS 624 West Park Ave  
1.4 CITY-ST-ZIP Chiefland, FL 32644

2.1 TITLE VTSD 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 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:

WiHlena V. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

Date

352-493-4796

Daytime Phone #

CR2E034 (12/95)