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

**PROFIT** CORPORATION ANNUAL REPORT 1999

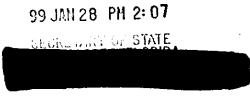


FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT** # 363077 1. Corporation Name

SUMTER PUBLICATIONS, INC.

Mailing Address Principal Place of Business 624 West Park Avenue Post Office Box 980



Chiefland, FL 32644 Chiefland, FL 3264					4		DO NOT WRITE IN THIS SPACE					
US			US				3. Date Incorporated or Qualifed	-				
							04-24-70					
2.	Principal Place of Busin	ness	2a. Mailing Address				4. FEI Number		Applied For			
21			26				59-1356257		Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required						
23	City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees			
	Zip Country Zip		Zip	Country			8. This corporation owes the current year	Intangible				
24		25	29	30			Personal Property Tax.	☐ Yes	□No			
	9. Name and Address of Current Registered Agent						10, Name and Address of New Registered Agent					
Wilson, Christopher S. 624 West Park Avenue Chiefland, FL 32644					81 82 83	2 Street Address (P.O. Box Number is Not Acceptable)						
	Durawant to the provide	lians of Pastions 607 060	2 and 607 150B. Slorida St	atuter the	84		vation submits this statement for the numose	<u>L</u>	Zip Code			

Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its register 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 site if applicable (NOTE: Registered Agent signature required when reinstating)  OATE										
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PD	☐ DELETE	1.1 TITLE	Change	☐ Addition					
NAME	Christopher S. Wilson		1.2 NAME							
STREET ADDRESS	624 West Park Avenue		1.3 STREET ADDRESS							
CITY-ST-ZIP	Chiefland, FL 32644		1.4 CITY-ST-ZIP							
TITLE	VTSD	DELETE	2.1 TITLE	☐ Change	Addition					
NAME	Wihlena V. Wilson		22 NAME							
STREET ADDRESS	624 West Park Avenue		2 3 STREET ADORESS							
CHTY-ST-ZIP	Chiefland, FL 32644		2.4 CITY-ST-ZIP							
TITLE	D	DELETE	3.1 TITLE	☐ Change	Addition					
NAME	Frederick M. Wilson		3.2 NAME							
STREET ADDRESS	624 West Park Avenue		3.3 STREET ADDRESS							
CITY-ST-ZIP	Chiefland, FL 32644		34. CITY-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE	☐ Change	Addition					
NAME .			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CiTY-ST-ZIP							
TITLE		□ DELETE	\$1 TITLE	√ 1 Change	☐ Addition					
*AME			5.2 NAME							
STREET ADDRESS			53 STREET ADDRESS							
CITY-ST-ZIP			54 City-St-ZiP	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
TITLE		DELETE	6.1 TITLE	300002757395	Addition					
NAME	•		62 NAME		1					
STREET ADDRESS			63 STREET ADDRESS							
CITY 67 710		•	64 CITY-ST-ZIP							

14. I 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 13 if changed joy on an attayhmegi with an edities, without gither like empowered.

SIGNATURE:

Am Christopher S. Wilson 1/26/19 352-493-4796



ACCOUNT NO. :

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 158.75

ORDER DATE: January 28, 1999

ORDER TIME :

1:19 PM

ORDER NO. : 115740-005

CUSTOMER NO:

4326591

CUSTOMER:

Debbie Baker, Legal Assistant Fowler White Gillen Boggs

Suite 1700

501 East Kennedy Boulevard

Tampa, FL 33602

## ANNUAL REPORT FILING

NAME: SUMTER PUBLICATIONS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

