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CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 26 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **366450** **(5)**

1. Corporation Name
MILTON NEWSPAPERS INC

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
THE PRESS GAZETTE 531 W. ELVA ST. MILTON FL 32570	THE PRESS GAZETTE 531 W. ELVA ST. MILTON FL 32570

3. Date Incorporated or Qualified: **06/30/1970**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-1295176** ☐ 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

HILL, JIMMIE D.
531 W. ELVA ST.
MILTON FL

10. Name and Address of New Registered Agent

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HILL, JIMMIE D.	1.2 NAME	
STREET ADDRESS	531 W. ELVA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	COULTER, ALEXANDER	2.2 NAME	
STREET ADDRESS	111 E. BOND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MEMPHIS AR	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	COULTER, ALEXANDER	3.2 NAME	
STREET ADDRESS	111 E. BOND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MEMPHIS AR	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	RICKETSON, JOHN	4.2 NAME	
STREET ADDRESS	111 E. BOND ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MEMPHIS AR	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RICKETSON, LYNETTE	5.2 NAME	
STREET ADDRESS	111 E. BOND ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MEMPHIS AR	5.4 CITY-ST-ZIP	
TITLE	AST	6.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, CAROL	6.2 NAME	
STREET ADDRESS	531 W. ELVA STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL.	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)(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.

SIGNATURE: _____ JIMMIE D. HILL Jan.24,95 (904)623-3616
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) Date Daytime Phone #

030A03 CP