

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 366450 (5)

1. Corporation Name

MILTON NEWSPAPERS INC



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

01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1295176

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 193.03?  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.050, Florida Statutes.

SIGNATURE

Signature of officer or authorized agent of registered agent and, if applicable,

(Not a Registered Agent signature required when filing through)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P  
NAME HILL, JIMMIE D.  
STREET ADDRESS 531 W. ELVA ST.  
CITY-ST-ZIP MILTON FL

TITLE ☒ DELETE

VST  
NAME COULTER, ALEXANDER  
STREET ADDRESS 111 E. BOND ST.  
CITY-ST-ZIP WEST MEMPHIS AR

TITLE ☐ DELETE

D  
NAME COULTER, ALEXANDER  
STREET ADDRESS 111 E. BOND ST.  
CITY-ST-ZIP WEST MEMPHIS AR

TITLE ☐ DELETE

D  
NAME RICKETSON, JOHN  
STREET ADDRESS 111 E. BOND ST.  
CITY-ST-ZIP WEST MEMPHIS AR

TITLE ☐ DELETE

D  
NAME RICKETSON, LYNETTE  
STREET ADDRESS 111 E. BOND ST.  
CITY-ST-ZIP WEST MEMPHIS AR

TITLE ☐ DELETE

AST  
NAME BARNES, CAROL  
STREET ADDRESS 531 W. ELVA STREET  
CITY-ST-ZIP MILTON FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIMMIE D. HILL

President 6/18/96

904-623-3616

CR2E034 (3/96)