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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

374699

(7)

THE DEFUNIAK SPRINGS HERALD-BREEZE INC.

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|--|--|-----------------------------------|--|---|---|
| Principal Place | of Business | Maling Address | | | |
| | | P.O. BOX 1546 Defuniak spring: | S FL 32433 | | |
| 2. Principal Pi | ace of Business | Los Milas Add | | 3. Date Incorporated or Qualified 12/29/1970 | 3a. Date of Last Report 01/19/1995 |
| 1 | 200 0 20011000 | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | 59-1313451 | Not Applicat |
| 2 | | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat∈ | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 3 Ζιρ | | 28 | | Trust Fund Contribution | Added to Fees |
| 4) | Country 25 | Z _I p | Country | 8. This corporation has liability for | intangible tax under s. 199.032, |
| 1 | g. Name and Address of Current | Registered Agent | 30 | | □ No |
| | | Trogratered Agent | 81 Name | 10. Name and Address of New R | egistered Agent |
| WOOD | IAM, LARRY K | | | | • |
| ROUTE | 6, SANDCLIFF SUBDIVISION | | 82 Street Add | Idress (P.O. Box Number is Not Acceptab | le; |
| PANAM | A CITY FL 32407 | | 83 | | |
| | | | <u></u> | | |
| | | | 84 City | | FL 85 Zip Code |
| lamiliar wit | | | 33. | oration submits this statement for the purport of directors. Thereby accept the appoint | and the registered regent. I am |
| SIGNATURE | Signature Typed on productinance of reguloces agent as | the and applicable (2) | DITE. Regional Agent signature research | | DA*E |
| SIGNATURE | | the days also go DIRECTORS | DIE Rig over Aport signature raise. 13. | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS IN 12 |
| SIGNATURE | Signature i specific princial name of requirement agent and OFFICERS AND | the and applicable (2) | EDIE Forgervice (Apont Signature region) 13. 7 1 1 1 1 LF | | CERS AND DIRECTORS IN 12 |
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| IGNATURE | grature typed or product name of requirementage in an OFFICERS AND | the days also go DIRECTORS | DIE Rig over LAport signation row. 13. 1 1 TITLE 12 NAME 1 3 STREET ADDRESS | | CERS AND DIRECTORS IN 12 |
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SIGNATURE: SIGNATURE AND TYPID OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-56 804-812-323