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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** 392028 GREAT OUTDOORS PUBLISHING COMPANY Principal Place of Business Mailing Address 4747 28TH STREET NORTH 4747 28TH STREET NORTH ST PETERSBURG FL 33714 ST PETERSBURG FL 33714 3. Date Incorporated or Qualified 3a. Date of Last Report 11/30/1971 04/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-1362115 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 \$8.75 Additional 5. Certificate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 \Box Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ¥ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALLYN, JAN 82 4747 28TH STREET NORTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG 33714-0115 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Jan Allyn Signature, typed or printed nany of regi SIGNATURE f registered agent and little i E. Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS 13. CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE ☐ Change ALLYN, JAN ☐ Addition NAME 1.2 NAME STREET ADDRESS 4747 28TH STREET NORTH 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2. 1 TITLE ALLYN, JOYCE A. ☐ Change ☐ Addition NAME 2.2 NAME 4747 28TH STREET NORTH STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY - ST - ZIP THLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREE" ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TATLE DELETE 5. 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-ZIP 64 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

WILL JAN ALLYN 23Apr96 813-525-6609