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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 433209 (4)

1. Corporation Name

APALACHEE PUBLISHING COMPANY

Principal Place of Business

265 N. WATER ST.
P.O. BOX 820
APALACHICOLA FL 32320

Mailing Address

265 N. WATER ST.
P.O. BOX 820
APALACHICOLA FL 32320



3. Date Incorporated or Qualified

08/21/1973

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

g. Name and Address of Current Registered Agent

4. FEI Number

59-1504467

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

10. Name and Address of New Registered Agent

LINDSAY, ROBERT A.
2201 RINGLING BLVD #202
SARASOTA FL 34237

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

Office Registered Agent's address as above

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

VTD

LINDSAY, DAVID G B

2025 CATTLEMEN RD. UNIT #A

SARASOTA FL 34232

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

PSD

LINDSAY, ROBERT A

2201 RINGLING BLVD #202

SARASOTA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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STREET ADDRESS

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STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY- ST- ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY- ST- ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY- ST- ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David G B Lindsay

04/30/96

941/371-3231

DATE OF FILING OFFICE OF THE SECRETARY OF STATE

CR2E034 (12/95)