FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **457086** **(7)**

1. Corporation Name

FLORIDA PRESS CENTER, INC.

Principal Place of Business
336 E. COLLEGE AVE.
TALLAHASSEE FL 32301

Mailing Address
336 E. COLLEGE AVE.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: **07/16/1974**
3a. Date of Last Report: **03/09/1995**
4. FEI Number: **59-1541042** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SHELTON, RICHARD D
336 E. COLLEGE AVE.
TALLAHASSEE FL 32301

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, MICHAEL		1.2 NAME	
STREET ADDRESS	ONE GANNETT PLAZA US 1		1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CORRY		2.2 NAME	
STREET ADDRESS	490 FIRST AVE SOUTH		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NATORI, JOE		3.2 NAME	
STREET ADDRESS	ONE HERALD PLAZA		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BUTCHER, JACK		4.2 NAME	
STREET ADDRESS	505 E KENNEDY BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	O'DONNELL, THOMAS P.		5.2 NAME	
STREET ADDRESS	101 N NEW RIVER DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP	
TITLE	~~D~~	☐ DELETE	6.1 TITLE	M ☒ Change ☐ Addition
NAME	SHELTON, RICHARD D(EX D)		6.2 NAME	
STREET ADDRESS	336 E. COLLEGE AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE 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)(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 if changed, or on an attachment with an address.

SIGNATURE: Richard D. Shelton 2/1/96 904/222-5780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD D. SHELTON

CR2E034 (12/95)