

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 1:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 479741

(1)

1. Corporation Name

THE NEWS STAND, INC.

Principal Place of Business

**4741 MEADOWVIEW CIRCLE
SARASOTA FL 34233**

Mailing Address

**4741 MEADOWVIEW CIRCLE
SARASOTA FL 34233**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/26/1975

3a. Date of Last Report

03/23/1994

2. Principal Place of Business

21 901 U.S. Hwy 27 N.

2a. Mailing Address

26 Suite 49

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 49

27

City & State

City & State

23 Sebring, FL

28

Zip Country

Zip Country

24 33870 25 USA

29 30

4. FEI Number

59-1611814

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

9. Name and Address of Current Registered Agent

**LAMBRECHT, WILLIAM G ESQ
WILLIAMS PARKER HARRISON DIETZ & GETZEN
1550 RINGLING BOULEVARD
SARASOTA FL 34230-3258**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
RUSSELL, JON T
4741 MEADOWVIEW CIRCLE
SARASOTA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
RUSSELL, KATHERINE V
4741 MEADOWVIEW CIRCLE
SARASOTA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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 110.07(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:

Katherine V. Russell
Katherine V. Russell

4-10-95

813-923-3969

Date

Daytime Phone #