

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 479741 (1)

1. Corporation Name
THE NEWS STAND, INC.

Principal Place of Business

901 US HWY 27 N
SUITE 49
SEBRING FL 33870
US

Mailing Address

4741 MEADOWVIEW CIRCLE
SARASOTA FL 34233-1972



2. Principal Place of Business

21 738 Eagle Ridge Dr

Suite, Apt. #, etc.

22

City & State

23 Lake Wales, FL

Zip

24 33853

County

25 Polk

2a. Mailing Address

26 5429 Fruitville Rd

Suite, Apt. #, etc.

27

City & State

28 Sarasota, FL

Zip

29 34232

Country

30 USA

3. Date Incorporated or Qualified
06/28/1975

3a. Date of Last Report
03/29/1996

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 ESO
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE SD ☐ DELETE

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

TITLE VD ☐ DELETE

NAME RUSSELL, MARK A
STREET ADDRESS 5800 MATANZAS
CITY-ST-ZIP SEBRING FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

VD Russell, Mark A.
2116 Kings Crossing SW
Winter Haven, FL 33880

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
Signature and typed or printed name of signing officer or director

4/30/97

941-379-0416

Date

Daytime Phone #

CR2E034 (9/96)