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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

557282

(1)

INGHAM PUBLISHING, INC.

Principal Place of Business

Mailing Address

FILED Mar 06 1998 8:00am Secretary of State



5650 FIRST AVENUE NORTH 5650 FIRST AVENUE NORTH 8T. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1978 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-1783152 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Zip Zφ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 BYERS, DWIGHT C. 5650 FIRST AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) 82 ST. PETERSBURG FL 33710 83 84 City 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 registored 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 607.0506, Florida Statutes. SIGNATURE (NOTE Rog stered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE BYERS, DWIGHT C. NAME 1.2 NAME 5650 FIRST AVE NORTH STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition **BYERS, NANCY** NAME 2.2 NAME 5650 FIRST AVE NORTH STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL CITY - ST- ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change Addition NAME GEMELLI, MICHAEL A. 3.2 NAME 3142 3RD AVE NO. STREET ADDRESS 3.3 STREET ADDRESS ST. PETERSBURG FL CITY-S1-ZIP 34 CITY-ST-ZIP TITLE DELFTE 4 1 TITLE Change Addition NAME Byers, gail 4 2 NAME 5650 FIRST AVE VORTH STREET ADDRESS 4.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZII 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ___ Addition NAME 6.2 NAME STREET ADDRESS **6 3 STREET ADDRESS** 6.4 City-St-ZiP

14. Thereby 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.