FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 597895 (2)

1. Corporation Name
POST TIME PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
HIGHWAY 229 P.O. BOX 147 SHORTER AL 36075	HIGHWAY 229 P.O. BOX 147 SHORTER AL 36075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1978
3a. Date of Last Report: 10/28/1994

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

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

4. FEI Number: 59-1852190 ☐ 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

THORNTON, ROBERT T
6222 MOBILE HWY
PENSACOLA FL 32506

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: Mrs. Robert T. Thornton — MRS. ROBERT T. THORNTON — 4-30-95
(If changing, Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	☐ Change ☐ Addition
NAME	EDGE, WILLIAM C. JR.	12 NAME	
STREET ADDRESS	POB 147, HWY 229	13 STREET ADDRESS	
CITY ST ZIP	SHORTER AL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	EDGE, DEBORAH P	22 NAME	
STREET ADDRESS	POB 147, HWY 229	23 STREET ADDRESS	
CITY ST ZIP	SHORTER AL	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	EDGE, STEPHEN W.	32 NAME	
STREET ADDRESS	P O BOX 147 HWY 229	33 STREET ADDRESS	
CITY ST ZIP	SHORTER AL	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	SINGLETON, GLENDA F	42 NAME	
STREET ADDRESS	P O BOX 147 - HWY 229	43 STREET ADDRESS	
CITY ST ZIP	SHORTER AL 36075	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 addition.

SIGNATURE: Glenda F Singleton — Glenda F Singleton — 4/30/95 — (334) 874-2001
(BOTH SIGN AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING) (Date) (Daytime Phone #)

0497619 FN