

# 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 # **625920** (4)

1. Corporation Name

**LIVE OAK PUBLICATIONS, INC.**



Principal Place of Business

**123 WEST CONNER STREET  
LIVE OAK FL 32060**

Mailing Address

**123 WEST CONNER STREET  
LIVE OAK FL 32060**

2. Principal Place of Business

21 **220 5th Street**

Suite, Apt. #, etc.

22 **Suite 195**

City & State

23

Zip

Country

24

2a. Mailing Address

26 **P.O. Box 370**

Suite, Apt. #, etc.

27

City & State

28 **LIVE OAK, FL**

Zip

29 **32060**

Country

30

3. Date Incorporated or Qualified

**06/11/1979**

3a. Date of Last Report

**04/11/1995**

4. FEI Number

**59-0548127**

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

**YOUNG, MANTHA  
3205 W. DUVAL ST.  
LAKE CITY FL 32055**

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 of agent or person named as registered agent, and if applicable, the

Signature of Registered Agent, signature required with a new registration

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICKETSON, LYNNETTE S.	
STREET ADDRESS	3205 W. DUVAL ST.	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	RICKETSON, JAMES T	
STREET ADDRESS	3205 W. DUVAL ST.	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	YOUNG, MANTHA A.	
STREET ADDRESS	RT. 4 BOX 23	
CITY-ST-ZIP	JASPER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(3)(c), 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:

*Mantha A. Young* MANTHA A. Young  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 904/755-2917  
DATE TIME PHONE

CR2E034 (12/95)