FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 10:59
TALLAHASSEE, FLORIDA

DOCUMENT # 721744 (1)

1. Corporation Name

APALACHEE PRESS, INC.

Principal Place of Business	Mailing Address
1168 SEMINOLE DR. P.O. BOX 20106 TALLAHASSEE FL 32301-4656	1168 SEMINOLE DR. P.O. BOX 20106 TALLAHASSEE FL 32301-4656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1971
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-1801633 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

HAMBY, BARBARA
1168 SEMINOLE DR.
TALLAHASSEE FL ~~32303~~ 32301

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 _____ DATE
Signature (required if printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	HAMBY, BARBARA	12 NAME	
STREET ADDRESS	1168 SEMINOLE	13 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	
TITLE	VSD	21 TITLE	vsd ☒ Change ☐ Addition
NAME	BALL, PAMELA	22 NAME	Kim MacQueen
STREET ADDRESS	701 E TENNESSEE ST	23 STREET ADDRESS	422 Jackson St.
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	Tallahassee, FL 32303
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCCALL, PAUL	32 NAME	
STREET ADDRESS	602 BEARD ST.	33 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	34 CITY ST ZIP	
TITLE		41 TITLE	200001499892
NAME		42 NAME	-05/26/95--01087-004 ☐ Change ☐ Addition
STREET ADDRESS		43 STREET ADDRESS	*****61.25 *****61.25
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	5/01/95 MB
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Hamby Barbara Hamby 3-17-1995 (904)877-7411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026023