2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 721744

1. Entity Name
APALACHEE PRESS, INC.

Principal Place of Business	Mailing Address
4541 PECAN BRANCH TALLAHASSEE, FL 32302 US	4541 PECAN BRANCH TALLAHASSEE, FL 32302 US

01112004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1801633
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEWTON, LAURA
4541 PECAN BRANCH
TALLAHASSEE, FL 32308

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAMBY, BARBARA
STREET ADDRESS	1168 SEMINOLE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	PTD
NAME	NEWTON, LAURA
STREET ADDRESS	4541 PECAN BRANCH
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VSD
NAME	RYALS, MARY JANE
STREET ADDRESS	4130 BUTTERCUP WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	TRAMMELL, MICHAEL
STREET ADDRESS	4130 BUTTERCUP WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	ABRAMS, MELANIE R
STREET ADDRESS	1552 LOOMBS DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/14/04-80007-016 61.25

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura Newton 1/12/04 850 942 5041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #