

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 754631
1. Corporation Name

CONCERNED PUBLICATIONS

Principal Place of Business Mailing Address
O'Brien Rd-1/2 mi W of P.O. Box 1024
Hwy 19 (1900) Clermont, FL
Clermont, FL 34711 34712

3. Date Incorporated or Qualified 10/16/80 3a. Date of Last Report 3/14/95
4. FEI Number Applied For
X 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

2. Principal Place of Business 2a. Mailing Address
21 9060 Grange RD NW 26 P.O. Box 664
Suite, Apt #, etc Suite, Apt #, etc
22 Bemidji 27 Bemidji
City & State City & State
23 MN 28 MN
Zip Zip
24 56601 25 USA 29 56619 30 USA

9. Name and Address of Current Registered Agent

William W. Stringfellow
1900 O'Brien Rd
Clermont, FL 34711

10. Name and Address of New Registered Agent

81 Name Mrs. Dorothy Talios
82 Street Address (P.O. Box Number is Not Acceptable)
5291 NW 52nd CT
83
84 City Chiefland FL 85 Zip Code 32626

11. Pursuant to the provisions of Sections 617.0502 and 617.1508 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 617.0503, Florida Statutes.

SIGNATURE *Mrs. Dorothy Talios*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE 4/1

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	P/ William W. Stringfellow	1900 O'Brien Rd	Clermont, FL 34711	<input type="checkbox"/>
	V/ Sandra D. Stringfellow	P.O. Box 1024	Clermont, FL 34712	<input type="checkbox"/>
	S/T DeLoras I. Stringfellow	1900 O'Brien Rd	Clermont, FL 34711	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
(D)	William W. Stringfellow	9060 Grange RD NW	Bemidji, MN 56601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(D)	Mrs. Dorothy Talios	5291 NW 52nd Ct	Chiefland, FL 32626	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(D)	DeLoras I. Stringfellow	9060 Grange RD NW	Bemidji, MN 56601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)(k), 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: *William W. Stringfellow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

Date

218-759-3025

Daytime Phone #

CR2E037 (12/95)