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Apr 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754631 (0)

1. Corporation Name

CONCERNED PUBLICATIONS, INC.

Principal Place of Business

Mailing Address

9060 GRANGE RD NW
BEMIDJIT MN 56601PO BOX 664
BEMIDJIT MN 56619-06643. Date Incorporated or Qualified
10/14/19803a. Date of Last Report
05/15/1996

2. Principal Place of Business

2a. Mailing Address

21 HC 69, Box 821

26 HC 69, Box 821

Suite, Apt. #, etc.

City, Apt. #, etc.

22 Spencer

27 Spencer

City & State

City & State

23 TN

28 TN

Zip

Country

Zip

Country

24 38585

25 USA

29 38585

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MRS. DOROTHY TALIOS
5291 NW 52ND COURT
CHIEFLND FL 32626

81 Name

Mrs. Donna Stringfellow

82 Street Address (P.O. Box Number is Not Acceptable)

11712 Osprey Pt Blvd

83

84 City

Clermont

85 FL

86 Zip Code
34711

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

xx Donna M. Stringfellow DONNA M. Stringfellow 4-12-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STRINGFELLOW, WILLIAM W.
STREET ADDRESS 9060 GRANGE RD NW
CITY-ST-ZIP BEMIDJIT MN 566011.1 TITLE PD
1.2 NAME Stringfellow, William W.
1.3 STREET ADDRESS HC 69, Box 821
1.4 CITY-ST-ZIP Spencer, TN 38585TITLE VD
NAME MRS. DOROTHY TALIOS
STREET ADDRESS 5291 NW 52ND CT.
CITY-ST-ZIP CHIEFLND FL 326262.1 TITLE VD
2.2 NAME Mrs. Donna Stringfellow
2.3 STREET ADDRESS 11712 Osprey Pt Blvd
2.4 CITY-ST-ZIP Clermont, FL 34711TITLE STD
NAME STRINGFELLOW, DELORAS
STREET ADDRESS 9060 GRANGE RD NW
CITY-ST-ZIP BEMIDJIT MN 566013.1 TITLE STD
3.2 NAME Stringfellow, DeLoras
3.3 STREET ADDRESS HC 69, Box 821
3.4 CITY-ST-ZIP Spencer, TN 38585TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: Donna M. Stringfellow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97

615-686-7018

CR2E037 (9/96)