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 APR -7 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759401 (3)

1. Corporation Name

FLORIDA NEWSPAPER ADVERTISING AND MARKETING EXECUTIVES, INC.

Principal Place of Business	Mailing Address
8759 BAYPOINTE DRIVE C/O SANDY OSTEEN, EXEC DR. TAMPA FL 33615	8759 BAYPOINTE DRIVE C/O SANDY OSTEEN, EXEC DR. TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1981
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2178356 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

OSTEEN, SANDRA
8759 BAYPOINTE DR.
TAMPA FL 33615

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, typed or 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	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	GESS, JOE	1.2 NAME	Andy Kohut, Andy
STREET ADDRESS	202 SOUTH PARKER STREET	1.3 STREET ADDRESS	408 Sandy Hook Rd.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Treasure Island, FL 33706
TITLE	SD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	MOODY, RIC	2.2 NAME	Moody, Eric
STREET ADDRESS	2751 S. DIXIE HWY	2.3 STREET ADDRESS	1225 US Hwy 1 suite 213
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	Juno Beach, FL 33408
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	TALLEY, LUCY	3.2 NAME	
STREET ADDRESS	401 S. MISSOURI AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	OSTEEN, SANDY	4.2 NAME	
STREET ADDRESS	8759 BAYPOINTE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	TD ☒ Change ☐ Addition
NAME	MALOY, FOY	5.2 NAME	Anderson, Greg
STREET ADDRESS	2121 SW 19TH AVE ROAD	5.3 STREET ADDRESS	1939 S. Federal Hwy.
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	VD	6.1 TITLE	SD ☒ Change ☐ Addition
NAME	KOHUT, ANDY	6.2 NAME	Bowen, Dale
STREET ADDRESS	490 FIRST AVENUE, SOUTH	6.3 STREET ADDRESS	1624 Meadowcrest Blvd.
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	Crystal River, FL 32629

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: Sandy Osteen Sandy Osteen 2/20/95 (813)882-4979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064370