

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838613 (8)

1. Corporation Name

SOUTHERN CIRCULATION MANAGERS ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 1946
SAVANNAH GA 31402
US

P.O. BOX 1946
SAVANNAH GA 31402
US

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 2987

26 P.O. Box 2987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Decatur AL

28 Decatur AL

Zip

Country

24 35602-2987

25 US

Zip

Country

29 35602-2987 30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/17/1977

4. FEI Number

62-0987238

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81

Name

Irwin, Debbie

82

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

633 N Orange Avenue

83

84

City

Orlando FL

FL

Zip Code

32801

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director at Large
NAME CUNNINGHAM, DON
STREET ADDRESS 1600 W FIRST NOTRH ST
CITY-ST-ZIP MORRISTOWN TN

1.1 TITLE Treasurer
1.2 NAME Andrews, Marshall R.
1.3 STREET ADDRESS 2312 Shelburne Ave. SW
1.4 CITY-ST-ZIP Decatur AL 35603

TITLE COTB
NAME EICKHOFF, ROBERT
STREET ADDRESS 633 N ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL

2.1 TITLE President
2.2 NAME Tom Sheppard
2.3 STREET ADDRESS 970 North Ola Rd
2.4 CITY-ST-ZIP McDonough, GA 30252

TITLE Secretary
NAME IRWIN, DEBBIE
STREET ADDRESS 633 N ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL

3.1 TITLE First Vice President
3.2 NAME Tabor, Glen
3.3 STREET ADDRESS 7 Cora Slocumb Dr.
3.4 CITY-ST-ZIP Spanish Fort, AL 36527

TITLE D
NAME DUCHARME, DOUG
STREET ADDRESS 920 SOUTH ST
CITY-ST-ZIP VICKSBURG MN

4.1 TITLE Second Vice President
4.2 NAME Maier, Frank
4.3 STREET ADDRESS 1016 6th St
4.4 CITY-ST-ZIP Lake Charles, LA 70601

TITLE ST
NAME PRIDE, LINWOOD JR
STREET ADDRESS 125 CYPRESS DRIVE
CITY-ST-ZIP RINCON GA

5.1 TITLE Third Vice President
5.2 NAME McLeod, Tommie
5.3 STREET ADDRESS P.O. Box 1121 N/D
5.4 CITY-ST-ZIP St. Petersburg, FL 33731

TITLE COTB
NAME KEARLEY, ROB
STREET ADDRESS 901 6TH ST.
CITY-ST-ZIP DAYTONA BCH. FL

6.1 TITLE Director
6.2 NAME DeLoach, Jeff
6.3 STREET ADDRESS 5724 Chester
6.4 CITY-ST-ZIP Arlington, TN 38002

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Marshall R. Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/98

(256) 340-2414

Date

Daytime Phone #

CR2E037 (5/98)