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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 **DOCUMENT #**

(1)

THE OSCEOLA-STATE SPORTS PUBLISHING, INC. Principal Place of Business Mailing Address 402 DUNWOODY ST 3608 UNCLE GLOVER RD 211-SOUTH GADGDEN STREET e11-SOUTH-GADSDEN STREET -om+ TALLAHASSEE FL 32304 TALLAHASSEE FL 32312-1036 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2171872 26 Not Applicable Suite. Apt. #. etc. Suite, Ant #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **OESCHGER, JOHN** Name 3608 UNCLE GLOVER RD 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32312 84 City Zip Code 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 Signature, typed or profed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE ■ DELETE ☐ Addition 1.1 TITLE Change OESCHGER, JOHN F. NAME 12 NAME 3608 UNCLE GLOVER RD STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Addition 21 TITLE Change KUTZ, VINCENT G. NAME 22 NAME 3373 FOLEY DR. STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Channe Addition KUTZ, KRISTI K. NAME 3.2 NAME 3373 FOLEY DR. STREET ADDRESS 3.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP

CITY - ST - ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 cooler or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

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STREET ADDRESS

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CITY - ST - ZIP

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7-19-08 00-122-2022

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Mar 10 1998 8:00am

Secretary of State

Addition

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