FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY -1 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003452 (9)

1. Corporation Name
MORRIS COMMUNICATIONS CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 936 AUGUSTA GA 30913	P.O. BOX 936 AUGUSTA GA 30913

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1994
3a. Date of Last Report:
4. FEI Number: 58-1093347 — 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: CT CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd
83 Plantation, Florida 33324
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 ______

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

	12. Officers and Directors	13. Additions/Changes
TITLE	CD	☐ Change ☐ Addition
NAME	MORRIS III, W S	
STREET ADDRESS	725 BROAD STREET	
CITY-ST-ZIP	AUGUSTA GA	
TITLE	PD	☐ Change ☐ Addition
NAME	SIMON, PAUL S	
STREET ADDRESS	725 BROAD STREET	
CITY-ST-ZIP	AUGUSTA GA	
TITLE	D	☐ Change ☐ Addition
NAME	PRESLEY, CHARLES B	
STREET ADDRESS	725 BROAD STREET	
CITY-ST-ZIP	AUGUSTA GA	
TITLE	ST	☐ Change ☐ Addition
NAME	HERMAN III, W A	
STREET ADDRESS	725 BROAD STREET	
CITY-ST-ZIP	AUGUSTA GA	
TITLE	V	☐ Change ☐ Addition
NAME	~~WILSON, NORMAN F~~ Delete	
STREET ADDRESS	725 BROAD STREET	
CITY-ST-ZIP	~~AUGUSTA GA~~	
TITLE	AS	☐ Change ☐ Addition
NAME	BOHLING, SHIRLEY B	
STREET ADDRESS	725 BROAD STREET	
CITY-ST-ZIP	AUGUSTA GA	

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/27/95 706 823 3462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

W A HERMAN III Secretary-Treasurer

0478906 FP