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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 30903-0936

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)

3. Date Incorporated or Qualified: 06/30/1994
3a. Date of Last Report: 04/26/1996
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

9. Name and Address of Current Registered Agent

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

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, type or print 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	CD	☐ DELETE	11 TITLE	PD	☐ Change ☑ Addition
NAME	MORRIS III, W S		12 NAME	WILLIAM S. MORRIS IV	
STREET ADDRESS	725 BROAD STREET		13 STREET ADDRESS	725 BROAD ST	
CITY-ST-ZIP	AUGUSTA GA		14 CITY-ST-ZIP	AUGUSTA GA 30901	
TITLE	PD	☑ DELETE	21 TITLE	D	☐ Change ☑ Addition
NAME	SIMON, PAUL S		22 NAME	J. TYLER MORRIS	
STREET ADDRESS	725 BROAD STREET		23 STREET ADDRESS	725 BROAD ST	
CITY-ST-ZIP	AUGUSTA GA		24 CITY-ST-ZIP	AUGUSTA, GA 30901	
TITLE	D	☐ DELETE	31 TITLE	D	☐ Change ☑ Addition
NAME	PRESLEY, CHARLES B		32 NAME	MARY E. MORRIS	
STREET ADDRESS	725 BROAD STREET		33 STREET ADDRESS	725 BROAD ST.	
CITY-ST-ZIP	AUGUSTA GA		34 CITY-ST-ZIP	AUGUSTA, GA 30901	
TITLE	ST	☐ DELETE	41 TITLE	D	☐ Change ☑ Addition
NAME	HERMAN III, W A		42 NAME	SUSIE B. MORRIS	
STREET ADDRESS	725 BROAD STREET		43 STREET ADDRESS	725 BROAD ST	
CITY-ST-ZIP	AUGUSTA GA		44 CITY-ST-ZIP	AUGUSTA GA 30901	
TITLE	AS	☐ DELETE	51 TITLE STD	W. A. HERMAN III	☑ Change ☐ Addition
NAME	BOHLING, SHIRLEY B		52 NAME		
STREET ADDRESS	725 BROAD STREET		53 STREET ADDRESS	725 BROAD ST	
CITY-ST-ZIP	AUGUSTA GA		54 CITY-ST-ZIP	AUGUSTA, GA 30901	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. A. HERMAN III 1/7/97 706 823 3462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #