

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 APR 12 PM 10:32****DOCUMENT # F94000006496 (3)**

1. Corporation Name

EDITORIAL ENTERPRISES CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business
P.O. BOX 1267
GAINESVILLE FL 32602Mailing Address
P.O. BOX 1267
GAINESVILLE FL 326023. Date Incorporated or Qualified
12/20/19943a. Date of Last Report
n.a.

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2250744

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREELAND, MARION E
1212 N.W. 12TH AVE.
GAINESVILLE FL 32601**

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-statuting)

April 10, 1995

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	SHANKLIN, DOUGLAS R	1238 N.W. 18TH TER.	GAINESVILLE FL 32605
V	SHANKLIN, JOHN C	629 LAKEVIEW WAY	REDWOOD CITY CA 94062
S	BURKHARDT, SANDY	99 KENT ST.	BROOKLINE MA 02146
TD	SHANKLIN, DOUGLAS R	1238 N.W. 18TH TER.	GAINESVILLE FL 32605
D	TRUEX, ELEANOR	1644 IDLEWILD LN.	HOMewood IL 60430

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	☐	☐

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)(b), 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 registered agent 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:

Douglas R. Shanklin

904/375-0821

(Type)

(Typed Name)