Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

CHARLOTTESVILLE VA 22905

PO BOX 4588

26

27

28

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600005101

Country

1. Corporation Name

Principal Place of Business

EAGLE HILL FARM, HCR 1, BOX 38

CHARLOTTESVILLE VA 22901

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

SCRIPPS ENTERPRISES, INC.

FILED
May 06, 1999 8:00 am
Secretary of State
•

05-06-1999 90177 029 ***150.00

	DO NOT WRITE IN THIS SPA	CE	
3.	Date Incorporated or Qualifed		
	10/03/1996		
4.	FEI Number		Applied For
	54-1808620		Not Applicable
_	\$8	3.7	5 Additional

Fee Required

\$5.00 May Be

Added to Fees

TXNA

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

25	29	30		Personal Property Tax.	(3) tes Linto
9. Name and Address of	f Current Registered Agent			10. Name and Address of New R	egistered Agent
C T CORPORATION SYSTEM	81	Name			
1200 SOUTH PINE ISLAND ROAD			Street Addr	ress (P.O. Box Number is Not Acceptal	ole)
PLANTATION FL 33324		8:			
		84	City		85 Zip Code

Country

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, and accept the obligations of Section 607.0505. Florida Statutes.

agent, 1 am familiar with, and accept the obligations of, Section 667,0000, 110,148 Statebox.										
SIGNATURE	Signature, typed or printed name of registered agent and title if a	oplicable (NOTE: Re	egistered Agent signature re	equired when reinstating)	DATE					
12.	OFFICERS AND DIREC	13.	ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTOR	RS IN 12				
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition			
NAME	MORGAN, JACK C		1.2 NAME	Morgan, Jack C.			į			
STREET ADDRESS	1700 SOSCOL AVE #2		1.3 STREET ADDRESS	2436 Foothill Blvd.,	Suite	н.				
CITY-ST-ZIP	NAPA CA 94559		1.4 CITY-ST-ZIP	Calistoga, CA 94515						
TITLE	VS	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition			
NAME (ROBBINS, GREGORY		2.2 NAME							
STREET ADDRESS	EAGLE HILL FARM, HCR 1, BOX 38		2.3 STREET ADDRESS							
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901		2.4 CITY-ST-ZIP							
TITLE	ACS	☐ DELETE	3.1 TITLE			☐ Change	Addition			
NAME	AHALT, FREDERICK W		3.2 NAME							
STREET ADDRESS	EAGLE HILL FARM, HCR 1, BOX 38		3.3 STREET ADDRESS							
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901		3.4. CITY-ST-ZIP							
TITLE	CDT	☐ DELETE	4.1 TITLE	Harvey, Betty Scripp	c		☐ Addition			
NAME	SCRIPPS, BETTY K		4. 2 NAME	Eagle Hill Farm, HCR		28				
STREET ADDRESS	EAGLE HILL FARM, HCR 1, BOX 38		4.3 STREET ADDRESS			20				
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901		4.4 CITY-ST-ZIP	Charlottesville, VA	22901					
TITLE	V	X JELETE	5.1 TITLE			Change	Addition			
NAME	MICHAELS, EUGEN C		5.2 NAME							
STREET ADDRESS	EAGLE HILL FRM, HCR1, BOX 38		5.3 STREET ADDRESS							
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901		5.4 CITY-ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition			
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-ST-ZIP							

14. I 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, with all other like empowered.

SIGNATURE:

Gregory A:

Gregory A. Robbins 2/22

/22/99

(804) 973-3345

Daytime Phone #

CR2E034 (11/98)

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