


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90014 027 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000007109			
1. Corporation Name SOUTHLAND PUBLISHING COMPANY ** GANNETT GEORGIA PUBLISHING, INC.			
Principal Place of Business 8800 BEECHWOOD GAINESVILLE FL 32608 One News Journal Plaza Pensacola, FL 32501		Mailing Address 205 GREEN ST GAINESVILLE FL 32608 1100 Wilson Boulevard Arlington, VA 22234	
2. Principal Place of Business 21 One News Journal Plaza		2a. Mailing Address 26 1100 Wilson Boulevard	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 Pensacola, FL		City & State 28 Arlington, VA	
Zip 24 32501		Zip 29 22234	
Country 25		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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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 reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	CURLEY, JOHN J		
STREET ADDRESS	1100 WILSON BLVD		
CITY-ST-ZIP	ARLINGTON VA 22234		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MCCORKINDALE, DOUGLAS H		
STREET ADDRESS	1100 WILSON BLVD		
CITY-ST-ZIP	ARLINGTON VA 22234		
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	COLEMAN, MICHAEL J		
STREET ADDRESS	ONE GANNETT PLAZA		
CITY-ST-ZIP	MELBOURNE FL 32940		
TITLE	C	<input checked="" type="checkbox"/> DELETE	
NAME	KLINK, BRUCE		
STREET ADDRESS	ONE GANNETT PLAZA		
CITY-ST-ZIP	MELBOURNE FL 32940		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	CHAPPLE, THOMAS L		
STREET ADDRESS	1100 WILSON BLVD		
CITY-ST-ZIP	ARLINGTON VA 22234		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	MARTORE, GRACIA C		
STREET ADDRESS	1100 WILSON BLVD		
CITY-ST-ZIP	ARLINGTON VA 22234		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
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: Christopher W. Baldwin/Assistant Treasurer

(703) 284-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)