

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90014 027 ***150.00

0006010

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 3000000000 GAINESVILLE FL 32603 One News Journal Plaza Pensacola, FL 32501	Mailing Address 205 GREEN ST *** GAINESVILLE FL 32603 1100 Wilson Boulevard Arlington, VA 22234
--	---

DO NOT WRITE IN THIS SPACE

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	Country 25
Country 29	Zip 30 22234

3. Date Incorporated or Qualified 12/30/1998	
4. FEI Number 58-1800967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 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 _____ (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*
Christopher W. Baldwin/Assistant Treasurer

(703) 284-6000

CR2E034 (11/98)