

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MEMBERSHIP AMOUNT DUE TO REINSTATE: \$275)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # G54695

(3)

95 JUL -7 AM 9:24

1. Corporation Name
CHIPLEY NEWSPAPERS, INC.

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business
**% MAURICE PUJOL
114 RAILROAD AVENUE (P.O. BOX 627)
CHIPLEY FL 32428**

Mailing Address
**% MAURICE PUJOL
114 RAILROAD AVENUE (P.O. BOX 627)
CHIPLEY FL 32428**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/18/1983**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2309740		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
Zip	Country	Zip	Country	<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAVID A. SPECHT 12810 MIA CIRCLE LARGO FL 34844				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUJOL, MAURICE	1.2 NAME	
STREET ADDRESS	114 RAILROAD AVE.	1.3 STREET ADDRESS	
CITY- ST- ZIP	CHIPLEY FL	1.4 CITY- ST- ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECHT, JAMES	2.2 NAME	
STREET ADDRESS	803 EAST TOWN AVEN	2.3 STREET ADDRESS	
CITY- ST- ZIP	GENEVA AL	2.4 CITY- ST- ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECHT, DAVID A.	3.2 NAME	
STREET ADDRESS	12810 MIA CIRCLE	3.3 STREET ADDRESS	
CITY- ST- ZIP	LARGO FL	3.4 CITY- ST- ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECHT, DAVID A.	4.2 NAME	
STREET ADDRESS	12810 MIA CIRCLE	4.3 STREET ADDRESS	
CITY- ST- ZIP	LARGO FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(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 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 a redline.

SIGNATURE: Maurice Pujol MAURICE PUJOL 6/30/95 1904/698-0212

CR2E034 (3/95)