

**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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-2309740

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

**DAVID A. SPECHT
12810 MIA CIRCLE
LARGO FL 34844**

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 reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **DP**
NAME: **PUJOL, MAURICE**
STREET ADDRESS: **114 RAILROAD AVE.**
CITY-ST-ZIP: **CHIPLEY FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE: **DV**
NAME: **SPECHT, JAMES**
STREET ADDRESS: **803 EAST TOWN AVEN**
CITY-ST-ZIP: **GENEVA AL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE: **DS**
NAME: **SPECHT, DAVID A.**
STREET ADDRESS: **12810 MIA CIRCLE**
CITY-ST-ZIP: **LARGO FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE: **DT**
NAME: **SPECHT, DAVID A.**
STREET ADDRESS: **12810 MIA CIRCLE**
CITY-ST-ZIP: **LARGO FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 addresses.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURICE PUJOL

6/30/95

(904)678-0212

CR2E034 (3/95)