

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G54695** (3)

1. Corporation Name  
**CHIPLEY NEWSPAPERS, INC.**



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

3. Date Incorporated or Qualified **08/18/1983** 3a. Date of Last Report **07/07/1995**  
4. FEI Number **59-2309740** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
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

2. Principal Place of Business 2a. Mailing Address:  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**DAVID A. SPECHT**  
**12810 MIA CIRCLE**  
**LARGO FL 34644**

10. Name and Address of New Registered Agent  
81 Name **MAURICE PUJOL**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**114 RAILROAD AVENUE**  
83  
84 City **CHIPLEY, FL** 85 Zip Code **32428**

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. They accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **MAURICE PUJOL** 4/30/96  
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	DP	<input type="checkbox"/> DELETE
NAME	PUJOL, MAURICE	
STREET ADDRESS	114 RAILROAD AVE.	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SPECHT, JAMES	
STREET ADDRESS	803 EAST TOWN AVEN	
CITY-ST-ZIP	GENEVA AL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SPECHT, DAVID A.	
STREET ADDRESS	12810 MIA CIRCLE	
CITY-ST-ZIP	LARGO FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SPECHT, DAVID A.	
STREET ADDRESS	12810 MIA CIRCLE	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<b>000001798490</b>
5.4 CITY-ST-ZIP	<b>-04/29/96--01042--023</b>
	<b>***200.00</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* 4/30/96 (904) 678-0212  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)