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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

2. Principal Place of Business 21 1364 Railroad Avenue Suite, Apt. #, etc. 22 City & State 23 Chipley, FL Zip 24 32428	2a. Mailing address 26 P.O. Box 627 Suite, Apt. #, etc. 27 City & State 28 same Zip 29 Country 30 USA	3. Date Incorporated or Qualified 08/18/1983	3a. Date of Last Report 04/28/1996	4. FEI Number 59-2309740 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
PUJOL, MAURICE
114 RAILROAD AVENUE
CHIPLEY FL 32428

(new address) only change

10. Name and Address of New Registered Agent
 81 Name **PUJOL, MAURICE**
 82 Street Address (P.O. Box Number is Not Acceptable)
1364 N. 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. 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	DP	<input type="checkbox"/> DELETE
NAME	PUJOL, MAURICE	
STREET ADDRESS	114 RAILROAD AVE.	
CITY-ST-ZIP	CHIPLEY FL	
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	1364 N. RAILROAD AVE
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DV - DAVID A. SPECHT, JR.
2.3 STREET ADDRESS	203 GLEASON ST.
2.4 CITY-ST-ZIP	Minden, La. 71055
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DS - DAVID A. SPECHT, SR.
3.3 STREET ADDRESS	203 GLEASON ST.
3.4 CITY-ST-ZIP	Minden, La. 71055
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T - Nila P. Johnson
4.3 STREET ADDRESS	203 GLEASON ST.
4.4 CITY-ST-ZIP	Minden, La. 71055
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 do 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.

SIGNATURE: *Maurice Pujol* **Maurice Pujol** 4/14/97 904-131-2712

CR2E034 (9/96)