

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

FILED

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

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	<b>PUJOL, MAURICE</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1364 N. Railroad Avenue</b>
83	
84 City	<b>Chipley</b>
85 State	<b>FL</b>
86 Zip Code	<b>32428</b>

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	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>PUJOL, MAURICE</b>	
STREET ADDRESS	<b>114 RAILROAD AVE.</b>	
CITY-ST-ZIP	<b>CHIPLEY FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>SPECHT, DAVID A.</b>	
STREET ADDRESS	<b>12810 MIA CIRCLE</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>SPECHT, DAVID A.</b>	
STREET ADDRESS	<b>12810 MIA CIRCLE</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
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	<b>1364 N. RAILROAD AVE</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DV - DAVID A. SPECHT, JR.</b>
2.3 STREET ADDRESS	<b>203 GLEASON ST.</b>
2.4 CITY-ST-ZIP	<b>Minden, La. 71055</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DS - DAVID A. SPECHT, SR.</b>
3.3 STREET ADDRESS	<b>203 GLEASON ST.</b>
3.4 CITY-ST-ZIP	<b>Minden, La. 71055</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>T - Nila P. Johnson</b>
4.3 STREET ADDRESS	<b>203 GLEASON ST.</b>
4.4 CITY-ST-ZIP	<b>Minden, La. 71055</b>
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* 4/14/97 904-131-2712

CR2E034 (9/96)