

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

FILED  
Mar 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 Amended - AR	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H24455 (8)  
1. Corporation Name

Lake City News-Advertiser, Inc.

Principal Place of Business	Mailing Address
508 North First Street Lake City, FL 32055	508 North First Street Lake City, FL 32055

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	10/05/1984	3/26/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2449811	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing	Trust Fund Contribution
24	29	<input type="checkbox"/>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Country	Country	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Donald E. Dockery  
508 North First Street  
Lake City, FL 32055

10. Name and Address of New Registered Agent

81 Name	Cecile J. Dockery
82 Street Address (P.O. Box Number is Not Acceptable)	508 North First Street
83	
84 City	Lake City, FL
85 Zip Code	32055

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

*Cecile J. Dockery*

(NOTE: Registered Agent signature required when reinstating)

2-28-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald E. Dockery	1.2 NAME	Cecile J. Dockery
STREET ADDRESS	Rt. 14, Box 216	1.3 STREET ADDRESS	Rt. 9, Box 2276
CITY-ST-ZIP	Lake City, FL 32055	1.4 CITY-ST-ZIP	Lake City, FL 32025
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cecile J. Dockery	2.2 NAME	Terri D. Bass
STREET ADDRESS	Rt. 14, Box 216	2.3 STREET ADDRESS	Rt. 14, Box 58
CITY-ST-ZIP	Lake City, FL 32055	2.4 CITY-ST-ZIP	Lake City, FL 32024
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Scott L. Dockery
STREET ADDRESS		3.3 STREET ADDRESS	1560 Charon Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cecile J. Dockery*

2-28-97

Date

904-752-8280

Daytime Phone #

CR2E034 (9/96)