

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H50554 (5)

1. Corporation Name

JASPER NEWSPAPERS, INC.



Principal Place of Business

Mailing Address

3205 W. DUVAL ST.  
P. O. BOX 2099  
LAKE CITY FL 32055

3205 W. DUVAL ST.  
P. O. BOX 2099  
LAKE CITY FL 32055

2. Principal Place of Business

2a. Mailing Address

21 Barnett Bank Bldg  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State  
Jasper, FL

27 City & State

23 Zip  
32052

Country  
USA

28 Zip

Country

24 9. Name and Address of Current Registered Agent

YOUNG, MANTHA A.  
P.O. BOX 2099  
LAKE CITY FL 32055

3. Date Incorporated or Qualified

04/01/1985

3a. Date of Last Report

04/11/1995

4. FEI Number

59-2642389

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

10. Name and Address of New Registered Agent

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 the corporation

Signature of Registered Agent typed or printed name and date

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                 | STREET ADDRESS      | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|----------------------|---------------------|-----------------|---------------------------------|
| PO    | RICKETSON, LYNETTE   | 3205 WEST DUVAL ST. | LAKE CITY FL    | <input type="checkbox"/>        |
| STD   | YOUNG, MANTHA A.     | 3205 WEST DUVAL ST. | LAKE CITY FL    | <input type="checkbox"/>        |
| OV    | RICKETSON, J. THOMAS | 3205 WEST DUVAL ST. | LAKE CITY FL    | <input type="checkbox"/>        |
|       |                      |                     |                 | <input type="checkbox"/>        |
|       |                      |                     |                 | <input type="checkbox"/>        |
|       |                      |                     |                 | <input type="checkbox"/>        |
|       |                      |                     |                 | <input type="checkbox"/>        |

13.

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| 1     |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 2     |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 3     |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 4     |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 5     |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 6     |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 7     |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 8     |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 9     |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 904/755-2917

CR2E034 (12/95)