

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 # **H66453** (2)

1. Corporation Name

FLORIDA NEWS NETWORK, INC.



Principal Place of Business

Mailing Address

**1851 SOUTHAMPTON ROAD
P.O. BOX 5270
JACKSONVILLE FL 32207-8648**

**1851 SOUTHAMPTON ROAD
P.O. BOX 5270
JACKSONVILLE FL 32207-8648**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
07/09/1985

3a. Date of Last Report
03/08/1995

4. FEI Number
59-2537837

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, C. PHILIP, JR.
ONE TAMPA CITY CENTER #2556
TAMPA FL 33602**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Address)

Signature of Agent (Print Name and Address)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, STATE, ZIP PST SCHMIDT, CHARLES C. 490 E. SOUTH STREET ORLANDO FL	☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY, STATE, ZIP D STUTZ, MIKE 1851 SOUTHAMPTON RD JACKSONVILLE FL	☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY, STATE, ZIP D CAVENDER, MICHAEL 11450 GANDY BLVD ST PETERSBURG FL	☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY, STATE, ZIP D DOERR, TOM 3900 BISCAYNE BLVD MIAMI FL 33137	☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY, STATE, ZIP ☐ DELETE	☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY, STATE, ZIP ☐ DELETE	☐ Change ☐ Addition
7. TITLE NAME STREET ADDRESS CITY, STATE, ZIP ☐ DELETE	☐ Change ☐ Addition
8. TITLE NAME STREET ADDRESS CITY, STATE, ZIP ☐ DELETE	☐ Change ☐ Addition
9. TITLE NAME STREET ADDRESS CITY, STATE, ZIP ☐ DELETE	☐ Change ☐ Addition
10. TITLE NAME STREET ADDRESS CITY, STATE, ZIP ☐ DELETE	☐ Change ☐ Addition

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, STATE, ZIP ☐ Change ☐ Addition
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, STATE, ZIP ☐ Change ☐ Addition
9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP ☐ Change ☐ Addition
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, STATE, ZIP ☐ Change ☐ Addition
17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, STATE, ZIP ☐ Change ☐ Addition
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, STATE, ZIP ☐ Change ☐ Addition
25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY, STATE, ZIP ☐ Change ☐ Addition
29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY, STATE, ZIP ☐ Change ☐ Addition
33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY, STATE, ZIP ☐ Change ☐ Addition
37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY, STATE, ZIP ☐ Change ☐ Addition
41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY, STATE, ZIP ☐ Change ☐ Addition
45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY, STATE, ZIP ☐ Change ☐ Addition
49. TITLE 50. NAME 51. STREET ADDRESS 52. CITY, STATE, ZIP ☐ Change ☐ Addition
53. TITLE 54. NAME 55. STREET ADDRESS 56. CITY, STATE, ZIP ☐ Change ☐ Addition
57. TITLE 58. NAME 59. STREET ADDRESS 60. CITY, STATE, ZIP ☐ Change ☐ Addition
61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY, STATE, ZIP ☐ Change ☐ Addition
65. TITLE 66. NAME 67. STREET ADDRESS 68. CITY, STATE, ZIP ☐ Change ☐ Addition
69. TITLE 70. NAME 71. STREET ADDRESS 72. CITY, STATE, ZIP ☐ Change ☐ Addition
73. TITLE 74. NAME 75. STREET ADDRESS 76. CITY, STATE, ZIP ☐ Change ☐ Addition
77. TITLE 78. NAME 79. STREET ADDRESS 80. CITY, STATE, ZIP ☐ Change ☐ Addition
81. TITLE 82. NAME 83. STREET ADDRESS 84. CITY, STATE, ZIP ☐ Change ☐ Addition
85. TITLE 86. NAME 87. STREET ADDRESS 88. CITY, STATE, ZIP ☐ Change ☐ Addition
89. TITLE 90. NAME 91. STREET ADDRESS 92. CITY, STATE, ZIP ☐ Change ☐ Addition
93. TITLE 94. NAME 95. STREET ADDRESS 96. CITY, STATE, ZIP ☐ Change ☐ Addition
97. TITLE 98. NAME 99. STREET ADDRESS 100. CITY, STATE, ZIP ☐ Change ☐ Addition

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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report. I am attaching with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Stutz, News Dir. 1/29/96 (904)393-9829

CR2E034 (12/95)