

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 MAR 28 PM 6:05**

DOCUMENT # **J06476** (2)

1. Corporation Name  
**KRIEGER PUBLISHING COMPANY**

Principal Place of Business  
**% CLIFTON A. MCCLELLAND, JR.**  
**700 S. BABCOCK ST.**  
**MELBOURNE FL 32901-1472**

Mailing Address  
**% CLIFTON A. MCCLELLAND, JR.**  
**700 S. BABCOCK ST.**  
**MELBOURNE FL 32901-1472**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/27/1986</b>	3a. Date of Last Report <b>02/02/1994</b>
4. FEI Number <b>62-1439208</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt #, etc <b>22</b>	Suite, Apt #, etc <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>MCCLELLAND, CLIFTON A., JR.</b> <b>700 S. BABCOCK ST.</b> <b>MELBOURNE FL 32902</b>		10. Name and Address of Now Registered Agent	
81 Name		85 Zip Code <b>FL</b>	
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			

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 \_\_\_\_\_ (Date) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CT</b>	<b>KRIEGER, ROBERT E.</b> <b>1725 KRIEGER DR</b> <b>MALABAR FL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PD</b>	<b>DONALD KRIEGER</b> <b>1725 KRIEGER DR</b> <b>MALABAR FL</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	<b>MAXINE D. KRIEGER</b> <b>1725 KRIEGER DR</b> <b>MALABAR FL</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>ASD</b>	<b>ANN KRIEGER</b> <b>1725 KRIEGER DR</b> <b>MALABAR FL</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<b>ROBERT E. KRIEGER, JR.</b> <b>1725 KRIEGER DR</b> <b>MALABAR FL</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<b>THOMAS KRIEGER</b> <b>1725 KRIEGER DR</b> <b>MALABAR FL</b>	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 as required, or as an attachment with an address.

SIGNATURE: *M.D. Krieger* **M.D. KRIEGER** **4/1/95** **407-724-9342**  
Date Daytime Phone #