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Jan 22 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 # 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

3. Date Incorporated or Qualified
03/27/1986

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

26. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
62-1439208

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

MCCLELLAND, CLIFTON A., JR.
700 S. BABCOCK ST.
MELBOURNE FL 32902

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 of registered agent or registered agent and filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CT	KRIEGER, ROBERT E.	1725 KRIEGER DR	MALABAR FL	<input type="checkbox"/>
PD	DONALD KRIEGER	1725 KRIEGER DR	MALABAR FL	<input type="checkbox"/>
SD	MAXINE D. KRIEGER	1725 KRIEGER DR	MALABAR FL	<input type="checkbox"/>
ASD	KRIEGER, ANN	1725 KRIEGER DR	MALABAR FL	<input checked="" type="checkbox"/>
D	ROBERT E. KRIEGER, JR.	1725 KRIEGER DR	MALABAR FL	<input type="checkbox"/>
D	THOMAS KRIEGER	1725 KRIEGER DR	MALABAR FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	2.4 CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. KRIEGER

1/9/97 (407) 724-9542

CR2E034 (9/96)