FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:58

DOCUMENT # L24048 (5)

1. Corporation Name
FAMILY PRESS, INCORPORATED

Principal Place of Business	Mailing Address
3218 N GALLOWAY RD LAKELAND FL 33809 US	% LORI A. BUTLER 342 CORONA DEL MAR LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/18/1989
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business (21)
2a. Mailing Address (26): 5650 Bloomfield Blvd.

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27): —

City & State (23)
City & State (28): Lakeland, FLORIDA

Zip (24) Country (25)
Zip (29): 33809 Country (30): USA

4. FEI Number: 59-2984053 ☐ 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. 109.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BUTLER, LORI A.
342 CORONA DEL MAR
LAKELAND FL 33809

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	JANZEN, THOMAS A.	1.2 NAME		
STREET ADDRESS	3121 N GALLOWAY RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☑ Change ☐ Addition
NAME	BUTLER, MICHAEL P.	2.2 NAME	5650 Bloomfield Blvd	
STREET ADDRESS	342 CORONA DEL MAR ST	2.3 STREET ADDRESS	Lakeland, FL 33809	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP		
TITLE	DST	3.1 TITLE		☑ Change ☐ Addition
NAME	BUTLER, LORI A.	3.2 NAME		
STREET ADDRESS	342 CORONA DEL MAR ST	3.3 STREET ADDRESS	5650 Bloomfield Blvd.	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, FL 33809	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Lori A Butler Lori A. Butler 1-26-95 813 859 3469
MANUALLY AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #

0015600 CP