

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L41603 (6)

1. Corporation Name  
BANCROFT-SAGE PUBLISHING, INC.



Principal Place of Business  
% JAMES L. KARL II  
975 NORTH COLLIER BLVD  
MARCO ISLAND FL 33937

Mailing Address  
% JAMES L. KARL II  
975 NORTH COLLIER BLVD  
MARCO ISLAND FL 33937

3. Date Incorporated or Qualified  
01/08/1990

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

21 601 Elkcam Circle  
Suite, Apt. #, etc.

22 Suite B-16  
City & State

23 Marco Island, FL  
Zip Country

24 33937 25 Collier

2a. Mailing Address

26 P O Box 355  
Suite, Apt. #, etc.

27  
City & State

28 Marco, FL  
Zip Country

29 339369 30 Collier

4. FEI Number  
65-0173475

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

JACOBSON, KARYNE  
164 STARFISH CT  
~~975 NORTH COLLIER BLVD~~  
MARCO ISLAND FL 33937

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: *Karyne Jacobson* Karyne Jacobson

4-29-96

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME JACOBSON, KARYNE  
STREET ADDRESS 164 STARFISH CT.  
CITY-ST-ZIP MARCO ISLAND FL

TITLE V  
NAME KIRK, JAMES E.  
STREET ADDRESS 164 STARFISH CT.  
CITY-ST-ZIP MARCO ISLAND FL

TITLE D  
NAME JACOBSON, KARYNE  
STREET ADDRESS 164 STARFISH CT.  
CITY-ST-ZIP MARCO ISLAND FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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: *Karyne Jacobson* Karyne Jacobson

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4-29-96 941-642-5600

CR2E034 (12/95)