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 MAR 14 AM 8:26

DOCUMENT # **P06919** **(5)**

1. Corporation Name
CLASSIFIED YELLOW PAGES, INC.

Principal Place of Business	Mailing Address
33 SOUTH WILLOW AVENUE COOKEVILLE TN 38501	33 SOUTH WILLOW AVENUE COOKEVILLE TN 38501

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/30/1985
3a. Date of Last Report: 03/28/1994

21	2. Principal Place of Business: 87 South Willo Ave	26	2a. Mailing Address: 87 South Willow Ave
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: Cookeville, TN	28	City & State: Cookeville, TN
24	Zip: 38501	29	Zip: 38501
25	Country: USA	30	Country: USA

4. FEI Number: 62-1215962 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
(If changing Registered Agent, this type must be signed by the New Registered Agent) (If changing Registered Agent, this type must be signed by the current or former Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	NASH, W. PAUL	12 NAME		
STREET ADDRESS	430 SOUTH MAPLE	13 STREET ADDRESS		
CITY-ST-ZIP	COOKEVILLE TN	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	PATTERSON, ROY B	22 NAME		
STREET ADDRESS	812 GLENROSE AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	COOKEVILLE TN	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	SMITH, GLEN	32 NAME		
STREET ADDRESS	RT. 1 BOX 347	33 STREET ADDRESS		
CITY-ST-ZIP	SILVER POINT TN	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	GILPATRICK, PAUL G.	42 NAME		
STREET ADDRESS	CLARKRANGE ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	MONTEREY TN	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I (We) 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 the 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: Glen Smith **Glen Smith** **3-10-95** **(615) 528-1526**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04077P9 FTL