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 30 AM 9:00

DOCUMENT # **P21754** **(7)**

1. Corporation Name
REPUBLIC NEWSPAPERS, INCORPORATED

Principal Place of Business	Mailing Address
11863 KINGSTON PIKE KNOXVILLE TN 37922	11863 KINGSTON PIKE KNOXVILLE TN 37922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/15/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **62-1359640** ☐ 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

LINDSEY, PAUL
38333 CR 54 WEST
ZEPHYRHILLS FL 34283

10. Name and Address of New Registered Agent

81 Name: Janet Gillis
82 Street Address (P.O. Box Number is Not Acceptable): 38333 5th Avenue
83
84 City: Zephyrhills **FL** 85 Zip Code: 33541

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] Publisher 2-22-95
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HORNE, DOUGLAS A.	12 NAME	
STREET ADDRESS	11863 KINGSTON PIKE	13 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	DREWRY, NICHOLAS	22 NAME	
STREET ADDRESS	11863 KINGSTON PIKE	23 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	TALBOTT, ROBERT	32 NAME	
STREET ADDRESS	412 EXECUTIVE TOWERS DR #205	33 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	BRIDGES, HOLLY M.	42 NAME	
STREET ADDRESS	11863 KINGSTON PIKE	43 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	RIDINGS, H. DEAN	52 NAME	
STREET ADDRESS	11863 KINGSTON PIKE	53 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	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 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: Holly M. Bridges Holly M. Bridges, Assistant Secretary 3/28/95 (615) 675-6397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0478761 FP