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FILED
May 07 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 # P21754 (7)

1. Corporation Name
REPUBLIC NEWSPAPERS, INCORPORATED

Principal Place of Business

11863 KINGSTON PIKE
KNOXVILLE TN 37922

Mailing Address

11863 KINGSTON PIKE
KNOXVILLE TN 37922-3833



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GILLIS, JANET
38333 5TH AVE
ZEPHYRHILLS FL 33541

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/15/1988

3a. Date of Last Report

05/01/1996

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

10. Name and Address of New Registered Agent

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

(NCSI: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD
HORNE, DOUGLAS A.
11863 KINGSTON PIKE
KNOXVILLE TN

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

V
DREWRY, NICHOLAS
11863 KINGSTON PIKE
KNOXVILLE TN

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

S
TALBOTT, ROBERT
412 EXECUTIVE TOWERS DR #205
KNOXVILLE TN

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

S
BRIDGES, HOLLY M.
11863 KINGSTON PIKE
KNOXVILLE TN

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

V
RIDINGS, H. DEAN
824-1 EAST KING ST.
KINGS MOUNTAIN NC

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: *Holly M. Bridges* *Holly M. Bridges, Registered Agent* 412467 423-675-6397

CR2E034 (9/96)