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

APPROVED AND FILED

95 JUN 15 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001518616
-06/21/95--01001--001
****225.00 ****225.00

DOCUMENT # P27313 (6)

1. Corporation Name

ANDERSON NEWS CORPORATION P27313 (6)

Principal Place of Business	Mailing Address
202 N. CT. ST. FLORENCE, AL 35630	202 N. CT. ST. FLORENCE, AL 35630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1989

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21

2a. Mailing Address 26

4. FEI Number: 63-1012499 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc 22

Suite, Apt. #, etc 27

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State 23

City & State 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 County, 25

Zip 29 County, 30

8. Files 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

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 NAME STREET ADDRESS CITY ST ZIP	C/E/O/D ANDERSON, CHARLES C. 202 North Court Street Florence, AL 35630	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change ☒ Addition Treasurer Gerald H. Daugherty 202 North Court Street Florence, AL 35630
TITLE NAME STREET ADDRESS CITY ST ZIP	C/D ANDERSON, JOEL R. 202 North Court Street Florence, AL 35630	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition 600001518616 -06/21/95--01001--002 ******8.75 ******8.75
TITLE NAME STREET ADDRESS CITY ST ZIP	P/T/D ANDERSON, CHARLES C., JR. 6016 Brookvale Ln. #151 Knoxville, TN	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S CLARK, CYNTHIA W. 202 North Court Street Florence, AL 35630	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V Lardie, Bill 421 East 34th Street Amarillo, TX 79103	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition 6/15

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: _____ 6/14/95 205-766-3826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

GERALD H. DAUGHERTY

VIA AIRBORNE DELIVERY
#552889371