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 # **P27313** **(6)**

1. Corporation Name

ANDERSON NEWS CORPORATION

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

3. Date Incorporated or Qualified: **12/14/1989**
3a. Date of Last Report: **06/15/1995**

2. Principal Place of Business	2a. Mailing Address
21 6016 Brookvale Lane	26 6016 Brookvale Lane
Suite, Apt. #, etc. 22 Suite #151	Suite, Apt. #, etc. 27 Suite #151
City & State 23 Knoxville, TN	City & State 28 Knoxville, TN
Zip / Country 24 37919 / 25 USA	Zip / Country 29 37919 / 30 USA

4. FEI Number: **63-1012499** ☐ 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

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 (Signature, typed or printed name of registered agent and title, if applicable) (If FEI, Registered Agent Signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, CHARLES C.		1.2 NAME		
STREET ADDRESS	202 NORTH COURT STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	FLORENCE AL		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, JOEL R.		2.2 NAME		
STREET ADDRESS	202 NORTH COURT STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	FLORENCE AL		2.4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, CHARLES C., JR		3.2 NAME		
STREET ADDRESS	6016 BROOKVALE LN, #151		3.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, CYNTHIA W		4.2 NAME		
STREET ADDRESS	202 NORTH COURT STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	FLORENCE AL		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE	CFO	☐ Change ☑ Addition
NAME	LARDIE, BILL		5.2 NAME	Jay Maier	
STREET ADDRESS	421 EAST 34TH STREET		5.3 STREET ADDRESS	6016 Brookvale Lane Suite #151	
CITY-ST-ZIP	AMARILLO TX		5.4 CITY-ST-ZIP	Knoxville TN 37919	
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DAUGHERTY, GERALD H.		6.2 NAME		
STREET ADDRESS	202 NORTH COURT STRET		6.3 STREET ADDRESS		
CITY-ST-ZIP	FLORENCE AL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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:

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