

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 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 # P29196 (3)

1. Corporation Name  
SPARTAN COMMUNICATIONS, INC.

Principal Place of Business  
P. O. BOX 1717  
SPARTANBURG SC 29304

Mailing Address  
P. O. BOX 1717  
SPARTANBURG SC 29304-1717



3. Date Incorporated or Qualified 05/03/1990  
3a. Date of Last Report 04/08/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	57-0289557	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

HARMON, DAN  
HARMON & SLOAN, P.A.  
427 MCKENZIE AVE.  
PANAMA CITY FL 32402

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Change Addition
NAME	EVANS, NICK	1.2 NAME	
STREET ADDRESS	3714 MERION DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA	1.4 CITY-ST-ZIP	Change Addition
TITLE	ST	2.1 TITLE	Change Addition
NAME	BUNTING, BOYD G.	2.2 NAME	
STREET ADDRESS	102 SOLANO CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE SC 29369	2.4 CITY-ST-ZIP	Change Addition
TITLE	AVP	3.1 TITLE	Change Addition
NAME	CAINE, DEBRA K	3.2 NAME	
STREET ADDRESS	103 EDAN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29609	3.4 CITY-ST-ZIP	Change Addition
TITLE	VC	4.1 TITLE	Change Addition
NAME	BROWN, TOM WATSON	4.2 NAME	
STREET ADDRESS	3340 PEACHTREE ROAD, N.E., SUITE 2189 T. P	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	Change Addition
TITLE	D	5.1 TITLE	Change Addition
NAME	KIMBREL, MONROE	5.2 NAME	
STREET ADDRESS	699 BROAD ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA	5.4 CITY-ST-ZIP	Change Addition
TITLE	D	6.1 TITLE	Change Addition
NAME	LITTLEJOHN, B.R. JR.	6.2 NAME	
STREET ADDRESS	P.O. BOX 5888, N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC	6.4 CITY-ST-ZIP	

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 included 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: *Debra K. Caine* *Debra K. Caine* 4-1-97 864-587-4411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)