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 MAY -1 PM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P41028** **(2)**

1. Corporation Name
AMERICAN CLASSIFIEDS, INC.

Principal Place of Business	Mailing Address
300 S. JACKSON STREET SUITE 500 DENVER CO 80209-3133 US	300 S. JACKSON STREET 500 DENVER CO 80209-3133 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/16/1992
3a. Date of Last Report: 02/24/1994

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

2a. Mailing Address
26: 300 S Jackson Street
27: Suite 500
28: Denver CO
29: 80209-3133
30: USA

4. FEI Number: 59-3016227 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 of signatory (NOTE: Registered Agent signature required when name altered)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 1 TITLE	S	☐ Change ☒ Addition
NAME	CHRISTENSEN, ROBERT L	1 2 NAME	EARLES, AMY L	
STREET ADDRESS	5373 HIGHWAY 98 EAST	1 3 STREET ADDRESS	5373 HIGHWAY 98 EAST	
CITY-ST-ZIP	DESTIN FL	1 4 CITY-ST-ZIP	DESTIN FL 32541	
TITLE	PDT	2 1 TITLE	D	☐ Change ☒ Addition
NAME	EARLES, CHARLES E.	2 2 NAME	EILAND, RANDY	
STREET ADDRESS	5373 HIGHWAY 98 EAST	2 3 STREET ADDRESS	4323 HAMILTON ROAD	
CITY-ST-ZIP	DESTIN FL	2 4 CITY-ST-ZIP	COLUMBUS GA 31904	
TITLE	D	3 1 TITLE	D	☐ Change ☒ Addition
NAME	TAYLOR, MARY G.	3 2 NAME	ROOT, STEVE	
STREET ADDRESS	5373 HIGHWAY 98 EAST	3 3 STREET ADDRESS	225 NORTH PACE BLVD	
CITY-ST-ZIP	DESTIN FL	3 4 CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	DV	4 1 TITLE	D	☐ Change ☒ Addition
NAME	TREESE, HARRY S	4 2 NAME	CARTER, TOM	
STREET ADDRESS	427 N 38TH ST	4 3 STREET ADDRESS	7051 AIRPORT BLVD	
CITY-ST-ZIP	WACO TX	4 4 CITY-ST-ZIP	MOBILE AL 36608-3712	
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 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: Amy L. Earles , Amy L. Earles 4/26/95 904/837-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RECEIVED JAN-1-1-1995

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