SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

142 WEST END AVENUE

KNOXVILLE TN 37922

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

1098 WEST 23RD STREET

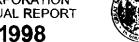
PANAMA CITY FL 32405

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Corporation Name	P92000003962 (7

PUBLISHERS WAREHOUSE OF PANAMA CITY, INC.

		U\$	DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified 11/11/1992	
· ·	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			<u>59-3150434</u>	Not Applicable
Suite, Apt.	·	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		This corporation owes or has paid the current Personal Property Tax due June 30.	urr en t year Intangible Yes No
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registered	l Agent
SMIT	th, dëb bie L.		81	Name	9	
2630 N 38TH STREET HOLLYWOOD FL 33021			82	Stree	t Address (P.O. Box Number is Not Acceptable)	
			83			
			84	City	FI	85 Zip Code
office or	t to the provisions of sections 607.050, registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was a	authorized by	the cor	corporation submits this statement for the purpose of c poration's board of directors. I hereby accept the appro-	ch ang ing its registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NC	OTE: Registered A	ent signa	lure required when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		D	Change Addition
NAME	WINEGARDNER, DEAN		1,2 NAME		Brooks, Ronald A. 142 West End Avenue	_ •
STREET ADDRESS	3000 RIVER HAVEN POINT		1.3 STREET	ADDRESS	142 West End Avenue	
CITY-ST-ZIP	KNOXVILLE TN 37922		1.4 CITY-ST	ZIP	knoxville, TN 37922	
TITLE	ST	DELETE	2.1 TITLE		19	Change Addition
NAME	BROOKS, RONALD A.		2.2 NAME		Brooks, Ronald A.	
STREET ADDRESS	1308 J JOE HINTON		2.3 STREET	ADDRESS		7
CITY-ST-ZIP	KNOXVILLE TN 37923		2.4 CITY-ST	ZIP	Knoxville TN 37922	·
TITLE		DELETE	3.1 TITLE			Change X Addition
NAME			3.2 NAME		Huddliston, Jana P. 142 West End Avenue	-
STREET ADDRESS			3.3 STREET	ADDRESS	142 West Ena Avenue	
CITY-ST-ZIP			3.4 CITY-ST	ŽIP	Knoxville TN 37922	
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME		,	
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZiP			4.4 CITY-ST	ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			53STREET	ADDRESS		

14-I 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 an execute 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 in 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 attack merit with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

IGNATURE: SILVEY JULY DE PRONT 7/10/98 423-175-705

CR2E034 (5/98)

Change Addition

FILED

Oct 01 1998 8:00am

Secretary of State