

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90174 003 \*\*\*150.00

DOCUMENT # P93000001025

1. Corporation Name  
LONGMUIR/JONES PUBLISHING, INC.

Principal Place of Business

P.O. BOX 1345  
CARLTON RD.  
MURRAY KY 42071-1345

Mailing Address

P.O. BOX 1345  
CARLTON RD.  
MURRAY KY 42071-1345



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1993

4. FEI Number

59-3162005

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 1345

Suite, Apt. #, etc.

22 Walston Rd.

City & State

23 Murray KY

Zip Country

24 42071-1345 25

2a. Mailing Address

26 P.O. Box 1345

Suite, Apt. #, etc.

27

City & State

28 Murray, KY

Zip Country

29 42071-1345 30

9. Name and Address of Current Registered Agent

FERNALD, AMY  
9573-86TH ST. N.  
SEMINOLE FL 34647

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 9573-86th St. N.

84 Seminole

85 City FL 34647

FL

85 Zip Code

34647

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, 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 on this application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME COMBS, JAME

STREET ADDRESS 941 WALSTON RD

CITY-ST-ZIP ALMO KY

TITLE ☐ DELETE

NAME FERNALD, AMY

STREET ADDRESS 9573-86TH ST. N.

CITY-ST-ZIP SEMINOLE FL 34647

TITLE ☐ DELETE

NAME LEE, HOSEA

STREET ADDRESS 809 N. 20TH ST

CITY-ST-ZIP MURRAY KY 42071

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: Jane H. Combs 4/19/99 (902) 753-5240  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)