

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Dandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000078824 (8)

1. Corporation Name

CONSTRUCTORS PUBLISHING COMPANY, INC.

Principal Place of Business

PO BOX 3147
PENSACOLA FL 32516

Mailing Address

PO BOX 3147
PENSACOLA FL 32516

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/08/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 1000 DOG TRACK RD.

26 Suite, Apt. #, etc.

22 PENSACOLA FLA.

27 City & State

23 City & State

28 City & State

24 Zip

Country

25 32506

26 ESCAMBIA

29 Zip

Country

30 32506

31 ESCAMBIA

4. FEI Number

59-2575258

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

FULLER, MARIAN L
1000 DOG TRACK ROAD
PENSACOLA FL 32506

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	HENDRIX, JAMES F
STREET ADDRESS	1000 DOG TRACK ROAD
CITY - ST - ZIP	PENSACOLA FL
TITLE	DVP
NAME	KELLY, KAREN L
STREET ADDRESS	6227 W JACKSON STREET
CITY - ST - ZIP	PENSACOLA FL
TITLE	D
NAME	FULLER, MARIAN L
STREET ADDRESS	1000 DOG TRACK ROAD
CITY - ST - ZIP	PENSACOLA FL 32506
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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: *Marian L. Fuller* - MARIAN L. FULLER

4-24-95 (904-455-4834)