

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000047982 (1)**

1. Corporation Name

DIRECTORY PUBLISHING INDUSTRIES, INC.



Principal Place of Business

Mailing Address

**ROUTE 4, BOX 283G
LAKE CITY FL 32055**

**ROUTE 4, BOX 283G
LAKE CITY FL 32055**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/22/1994

3a. Date of Last Report

04/12/1995

4. FET Number

59-3256154

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. 193.032,
Florida Statutes ☐ Yes ☐ No

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 of Registered Agent or Director (Print Name and Title) (Date)

12. OFFICERS AND DIRECTORS

12.1 NAME	D	☐ DELETE
12.2 NAME	MCKEIGHEN, SHELLANA P	
12.3 STREET ADDRESS	ROUTE 1, BOX 360	
12.4 CITY-STATE-ZIP	FORT WHITE FL 32038	
12.5 NAME	D	☐ DELETE
12.6 NAME	TRIMBLE, CATHY D.	
12.7 STREET ADDRESS	ROUTE 4, BOX 283G	
12.8 CITY-STATE-ZIP	LAKE CITY FL	
12.9 NAME		☐ DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-STATE-ZIP		
12.13 NAME		☐ DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		
12.17 NAME		☐ DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☒ Change ☐ Addition
13.2 NAME	Clements, Shellana P.
13.3 STREET ADDRESS	Rt. 3 Box 4477
13.4 CITY-STATE-ZIP	Fort White, FL 32038
13.5 TITLE	☒ Change ☐ Addition
13.6 NAME	LAKE CITY, FL 32024
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-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:

Cathy D. Trimble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96 (904)963-3631
Date Telephone #

CR2E034 (12/95)