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PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32024-9396

3. Date Incorporated or Qualified: 06/22/1994
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business 21	Route 3, Box 4477
Suite, Apt. #, etc. 22	
City & State 23	Fort White, Florida
Zip 24	32038
Country 25	Columbia
2a. Mailing Address 26	Route 3, Box 4477
Suite, Apt. #, etc. 27	
City & State 28	Fort White, Florida
Zip 29	32038
Country 30	Columbia

4. FEI 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TRIMBLE, CATHY D.
ROUTE 4, BOX 283G
LAKE CITY FL 32024

10. Name and Address of New Registered Agent

81 Name: Shellana P. Clements
82 Street Address (P.O. Box Number is Not Acceptable): Route 3, Box 4477
83
84 City: Fort White FL 85 Zip Code: 32038

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: Shellana P. Clements 4/22/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEMENTS, SHELLANA P. RT 3 BOX 4477 FORT WHITE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D CLEMENTS, Thomas W., Sr. Route 3, Box 4477 Fort White, Florida 32038	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRIMBLE, CATHY D. ROUTE 4, BOX 283G LAKE CITY FL	☒ DELETE XXXX	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Shellana P. Clements April 22, 1997 (904) 758-9303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #