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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000003850 (1) DOCUMENT #
1. Corporation Name

PUBLISHERS WAREHOUSE OF DESTIN, FL. INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										
	WEST END		142 WEST END AVENUE							
KNOXVILLE TN 37922			KNOXVILLE TN 37922				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified 01/17/1995	io or Acc		
2. Principal Place of Business			2a. Mailing Address			<u> </u>	4. FEI Number	I A	pplied For	
21	•		26				62-1590272	-	ot Applicable	
	ite, Apt. #	, etc.	Suite, Apt. #, etc.				SR 75 Additional			
22			27				5. Certificate of Status Desired		lequired	
	ty & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23	•	28					Trust Fund Contribution		to Fees	
Zij	D.	Country	Zip	Co	untry		8. This corporation owes or has paid the			
24	-	25		30			Personal Property Tax due June 30. Yes No			
24		9. Name and Address of Curre		1001			10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 81 Name										
1200 S. PINE ISLAND ROAD					82 Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324						83				
					83					
					84 City	у	.	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 Signalure, typed or present name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating): DATE										
12.		OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	RS IN 12	
TITLE		D	K] DELETE		1.1 TITLE			Change	Addition	
NAME		WINEGARDNER, DEAN	- "	128	IAME					
	ADDRESS	142 WEST END AVENUE			TREET ADDRE	FSS			İ	
CITY-S		KNOXVILLE TN 37922			HTY-\$T-ZIP				}	
TITLE	1.Til.	D	DELETE	2.1 7		P	100	Change	☐ Addition	
NAME		BROOKS, RONALD			IAME	1 -	NATE PROCES			
		142 WEST END AVENUE				ROI	NALD BROOKS			
	ADDRESS	KNOXVILLE TN 37922			TREET ADDRE		2 WEST END AVENUE			
CITY-S	T-ZIP	NITOXVILLE IN 37822	I DELETE	_	CITY - ST - ZIP	KNC	DXVILLE, TN 37922	Change	Addition	
TITLE			DELETE	3.1 T		S	S		₹ WOOIDON	
NAME				3.2 N		JAN	NA HUDDLESTON			
STREET	ADDRESS			3.3 S	TREET ADDRE	ESS 142	WEST END AVENUE		1	
CITY-S	T-ZIP			_	CITY-ST-ZIP	KNC	DXVILLE, TN 37922			
TITLE	[☐ DELETE	4.1 T	ITLE		•	☐ Change	Addition	
NAME				4, 2	NAME					
STREET	ADDRESS			4.3 \$	TREET ADDRE	ESS				
CITY-S	T-ZIP			4.4 0	ITY-ST-ZIP	L				
THTLE			DELETE	5.1 T	ITLE			Change	Addition	
NAME	j			5.2 A	IAME					
	ADDRESS			5.3 \$	TREET ADDRE	ess				
CITY-S					ITY-ST-ZIP					
TITLE	, 1#		DELETE	6.1 T				Change	Addition	
NAME					IAME			•		
	1000100			1		ree				
STREET ADDRESS					6.3 STREET ADDRESS					
CITY - S	1-2IP			6.4 0	HTY-\$1-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 must be 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 all attachment with an address.

NATION !

RONALD A. BROOKS

4/16/98 423-675-7958