

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000045084 (7)

1. Corporation Name

PHILLIPS, CONNER AND JOHNSON PUBLISHING COMPANY,
INC.



Principal Place of Business

1015 SEMORAN BLVD. STE 1117
CASSELBERRY FL 32707

Mailing Address

1015 SEMORAN BLVD. STE 1117
CASSELBERRY FL 32707

3. Date Incorporated or Qualified
06/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 822 PALMWAY ST.

26 P.O. Box 300271

4. FEI Number

Applied For

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 ~~KISSIMMEE FL~~

27

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

23 KISSIMMEE FL

28 FERN PARK FL

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24 Zip 34744

25 Country Orlando

29 Zip 32730

30 Country Seminole

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOUSE, RONALD
1015 SEMORAN BLVD. STE 1117
CASSELBERRY FL 32707

81 Name RONALD BOUSE

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

822 PALMWAY ST

83

84 City KISSIMMEE

FL

85 Zip Code 34744

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 Ronald Bouse

Signature, typed or printed name of registered agent, and date of appointment

(If the Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D BOUSE, RONALD
NAME
STREET ADDRESS C/O 1015 SEMORAN BLVD. STE 1117
CITY-STATE-ZIP CASSELBERRY FL 32707

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP NA

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP RONALD BOUSE
13629 Youngstown ST
Orlando FL 32826

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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: Ronald Bouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Each

Day in a Year

CR2E034 (12/95)