

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000070619 (8)

1. Corporation Name

FLORIDA PUBLISHING COMPANY



Principal Place of Business

**725 BROAD STREET
AUGUSTA GA 30901**

Mailing Address

**725 BROAD STREET
AUGUSTA GA 30901**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

09/13/1995

3a. Date of Last Report

4. FET Number

58-2228216

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

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 607.0405, Florida Statutes.

SIGNATURE

Signature of the corporation and the person authorized to file this report

Signature of the person authorized to file this report

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D MORRIS, WILLIAM S III**
STREET ADDRESS **POST OFFICE BOX 138**
CITY-ST-ZIP **AUGUSTA GA 30913**

TITLE ☐ DELETE

NAME **D SIMON, PAUL S**
STREET ADDRESS **POST OFFICE BOX 138**
CITY-ST-ZIP **AUGUSTA GA 30913**

TITLE ☐ DELETE

NAME **D HERMAN, WILLIAM A III**
STREET ADDRESS **POST OFFICE BOX 138**
CITY-ST-ZIP **AUGUSTA GA 30913**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS **725 Broad Street**

4. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME
3. STREET ADDRESS **725 Broad Street**

4. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME
3. STREET ADDRESS **725 Broad Street**

4. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME
4. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME
5. STREET ADDRESS

5. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME
6. STREET ADDRESS

6. CITY-ST-ZIP

**500001886855
-07/09/96--01013--024
***200.00**

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)(a), 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:

W. Morris Secretary/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

706 823 3380

CR2E034 (12/95)