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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000070619 (8)

FLORIDA PUBLISHING COMPANY

Principal Place	e of Business		Mailing Ac	Mailing Address] - LOUGHBUR ALB HOLD BESTE BESTE BOTH RESTE ABILL HOLD HOUSE BESTE STADE THE PARTY TO THE STADE AS A STADE OF THE PARTY TO THE PARTY T				
725 BROAD STREET AUGUSTA GA 30901			725 BROAD STREET AUGUSTA GA 30901-1305										
								-	3. Date Incorporated or Qualified 09/13/1995	1	ate of Last 01/1996	Report	
2. Principal Pla	lace of Busin	2a. Mailing Address					4. FEI Number			Applied For			
21		26						58-228216 Not Applicable					
Suite, Apt #	#. etc	Suite, Apt. #, etc.						5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
City & Stole	·	City & State				\rightarrow	6 Florida Comunica Financia						
City & State			28					Election Campaign Financing Trust Fund Contribution	П		May Be		
23 Zip	Country			Zip Country			,		8. This corporation has fiability for	or intendible			
24		25	29	├ ┐				Florida Statutes					
	9. Name	and Address of Current	Registered A						10. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM						61	Name	Name					
	SOUTH P					Street /	Address	dress (P.O. Box Number is Not Acceptable)					
PLAN	NTATION FI							,					
						83							
						84	City				85 Zi	p Code	
										FL			
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	Chartery based	or product soon of rose fored arou	Condition discrete at	de INO	F: Boniste	red And	nt signatura	a required v	when reinstaling)	DATE			
12.	Signature, typed or protect name of registered agent and this of applicable OFFICERS AND DIRECTORS				13.		on Digrama o		ADDITIONS/CHANGES TO OF		DIRECTO	DRS IN 12	
TiTLE	D	A AATTI WAATTI W		☐ DELETE	1.1	TITLE					Change	Addition	
NAME	MORRIS.	WILLIAM S III			1.2	NAME							
STREET ADDRESS		AD STREET			1.3	STREET	ADDRESS						
CITY-ST-ZIP	AUGUSTA	4 GA 30901		. /	1.4	CITY-S	ST-ZIP						
TITLE	D			DELETE	21	TITLE		Ţ			☐ Change	a Addition	
NAME	SIMON, P	AUL S			22	NAME							
STREET ADDRESS		ad Street				2 3 STREET ADDRESS							
CITY-ST-7IP	AUGUSTA	\ GA 30901			2	CITY-	ST-ZIP	ļ					
TOLE	D			☐ DELETE	31	TITLE					Change	e Addition	
NAME		, WILLIAM A III				NAME							
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CITY - ST - ZIP	AUGUST/	A GA 30901		T DELETE		CITY	ST-ZIP	 			Change	e Addition	
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NAME					- 6	NAME							
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NAME						NAME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP						CITY-S							
14 Ldo beret	by certify tha	t the information supplied	with this filing	does not qual	fy for t	A exe	emption s	stated in	Section 119.07(3)(i), Florida Stat	utes. I furthe	er certify th	at the	
Lam ac ol	ifficer or direc	on this annual report or si ctor of the corporation or ir Block 13 if changed, or	that receiver or	trustae empoy	wered t	D exec	urate and cute this r	a that m report a	y signature shall have the same le s required by Chapter 607, Florid	egai ettect a a Statutes;	is if made i and that m	under oath; that y name	