


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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90032 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000070619					
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		2a. Mailing Address		3. Date Incorporated or Qualified 09/13/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-2228216	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, WILLIAM S III		1.2 NAME		
STREET ADDRESS	725 BROAD STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	AUGUSTA GA 30901		1.4 CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERMAN, WILLIAM A III		2.2 NAME	SECRETARY	
STREET ADDRESS	725 BROAD STREET		2.3 STREET ADDRESS	DARREL K. FRY	
CITY-ST-ZIP	AUGUSTA GA 30901		2.4 CITY-ST-ZIP	725 BROAD STREET	
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, W S IV		3.2 NAME		
STREET ADDRESS	725 BROAD STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	AUGUSTA GA 30901		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	D	
STREET ADDRESS			4.3 STREET ADDRESS	JOHN TYLER MORRIS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	725 BROAD ST	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	D	
STREET ADDRESS			5.3 STREET ADDRESS	SUSIE MORRIS BAKER	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	725 BROAD ST	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	D	
STREET ADDRESS			6.3 STREET ADDRESS	MARY E. MORRIS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	725 BROAD ST	

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 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, with all other like empowered.

SIGNATURE:  **W.S. MORRIS IV** 2/8/99 706-823-3462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

001421

CR2E034 (11/98)