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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000002226 (4)

1. Corporation Name

CENTRAL FLORIDA PUBLISHING, INC.

Principal Place of Business

94 EAST MITCHELL HAMMOCK ROAD
OVIEDO FL 32765

Mailing Address

94 EAST MITCHELL HAMMOCK ROAD
OVIEDO FL 32765-9783



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/08/1996

3a. Date of Last Report

4. FEI Number

59-3360933

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

Thomas R. Thomas

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

94 E MITCHELL HAMMOCK RD

83

84 City

OVIEDO

FL

85 Zip Code

32765

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 Thomas R. Thomas

Signature, typed or printed name of registered agent and title, if applicable

Signature of Registered Agent (Signature required when reinstating)

4/30/97

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

ROBERT MASON

STREET ADDRESS 428. CERGY CIRCLE N.

CITY-ST-ZIP OVIEDO, FLORIDA 32765

TITLE NAME ☐ DELETE

V. PRESIDENT

THOMAS R. THOMAS

STREET ADDRESS 759 N. GRETNA CT.

CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE NAME ☐ DELETE

TREASURER/DIRECTOR

GEORGE T. MCKAIG

STREET ADDRESS 1802 N. LAUREL DR

CITY-ST-ZIP ROCKLEDGE, FL.

TITLE NAME ☐ DELETE

SCOTT MCKAIG

STREET ADDRESS 1802 N. LAUREL DR

CITY-ST-ZIP ROCKLEDGE, FL.

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR ☐ Change ☒ Addition

1.2 NAME ROBERT MASON

1.3 STREET ADDRESS 428. CERGY CIRCLE N.

1.4 CITY-ST-ZIP OVIEDO, FL. 32765

2.1 TITLE V. PRESIDENT/DIRECTOR/SECRETARY ☐ Change ☒ Addition

2.2 NAME THOMAS R. THOMAS

2.3 STREET ADDRESS 759 N. GRETNA CT.

2.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

3.1 TITLE TREASURER/DIRECTOR ☐ Change ☒ Addition

3.2 NAME GEORGE T. MCKAIG

3.3 STREET ADDRESS 1802 N. LAUREL DR

3.4 CITY-ST-ZIP ROCKLEDGE, FL.

4.1 TITLE DIRECTOR ☐ Change ☒ Addition

4.2 NAME SCOTT MCKAIG

4.3 STREET ADDRESS 1802 N. LAUREL DR

4.4 CITY-ST-ZIP ROCKLEDGE, FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

SIGNATURE:

THOMAS R. THOMAS 4/30/97 (607)3154144

CR2E034 (9/96)