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FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000045329 (5)

1. Corporation Name  
SOUTHERN MEDIA PUBLICATIONS, INC.



Principal Place of Business  
50 NORTH LAURA STREET  
3400 BARNETT CENTER  
JACKSONVILLE FL 32202

Mailing Address  
50 NORTH LAURA STREET  
3400 BARNETT CENTER  
JACKSONVILLE FL 32202-3664

3. Date Incorporated or Qualified  
05/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3379692

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

RAX CO.  
50 NORTH LAURA STREET  
3400 BARNETT CENTER  
JACKSONVILLE FL

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 607.0505, Florida Statutes.

SIGNATURE

*(Signature)* (signed in error)

1-15-97

Signature signed or printed name of registered agent and fee. If applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME HOWARD, G.A.  
STREET ADDRESS P.O. BOX 4099 N/A  
CITY-ST-ZIP JACKSONVILLE FL 32201

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D/S ☒ DELETE  
NAME DIFATO, JOSEPH C.  
STREET ADDRESS 413 Night Hawk Lane  
CITY-ST-ZIP St. Augustine FL 32084

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

1.1 TITLE D/P-S ☐ Change ☒ Addition  
1.2 NAME Difato, Michael A, Jr.  
1.3 STREET ADDRESS 605 Mulligan's Way  
1.4 CITY-ST-ZIP St. Augustine, FL 32084 ☐ Change ☒ Addition

2.1 TITLE D/T ☐ Change ☒ Addition  
2.2 NAME Difato, John J.  
2.3 STREET ADDRESS 605 Mulligan's Way  
2.4 CITY-ST-ZIP St. Augustine, FL 32084 ☐ Change ☒ Addition

3.1 TITLE D/S ☐ Change ☒ Addition  
3.2 NAME Difato, Joseph C.  
3.3 STREET ADDRESS 413 Night Hawk Lane  
3.4 CITY-ST-ZIP St. Augustine, FL 32084 ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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:

*(Signature)*  
MICHAEL A. DIFATO JR.

1-15-97

DATE

904-460-0924

Daytime Phone #

002844

CR2E034 (9/96)