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May 02 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 # P96000061929 (1)

1. Corporation Name
HESTER PUBLISHING, INC.



Principal Place of Business
1306 WYOMING AVENUE
FORT PIERCE FL 34948

Mailing Address
1306 WYOMING AVENUE
FORT PIERCE FL 34982-3644

3. Date Incorporated or Qualified
07/24/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PSTD
HESTER, AUDREY L
1306 WYOMING AVENUE
FORT PIERCE FL 34948

DELETE

11 TITLE

Change Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY-ST-ZIP

14 CITY-ST-ZIP

TITLE

DELETE

21 TITLE

Change Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY-ST-ZIP

24 CITY-ST-ZIP

TITLE

DELETE

31 TITLE

Change Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE

DELETE

41 TITLE

Change Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE

DELETE

51 TITLE

Change Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE

DELETE

61 TITLE

Change Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

TITLE

DELETE

71 TITLE

Change Addition

NAME

72 NAME

STREET ADDRESS

73 STREET ADDRESS

CITY-ST-ZIP

74 CITY-ST-ZIP

TITLE

DELETE

81 TITLE

Change Addition

NAME

82 NAME

STREET ADDRESS

83 STREET ADDRESS

CITY-ST-ZIP

84 CITY-ST-ZIP

TITLE

DELETE

91 TITLE

Change Addition

NAME

92 NAME

STREET ADDRESS

93 STREET ADDRESS

CITY-ST-ZIP

94 CITY-ST-ZIP

TITLE

DELETE

101 TITLE

Change Addition

NAME

102 NAME

STREET ADDRESS

103 STREET ADDRESS

CITY-ST-ZIP

104 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

(561) 465-1386

Date

Daytime Phone #

CR2E034 (9/96)