

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

06-01-1999 90007 049 ***150.00

DOCUMENT # P98000010984

1. Corporation Name

CUB PUBLISHING, INC.

Principal Place of Business

507-G SOUTH WOODWARD AVENUE
TALLAHASSEE FL 32304

Mailing Address

507-G SOUTH WOODWARD AVENUE
TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1998

4. FEI Number

59-3493037

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 715 Railroad Ave

Suite, Apt. #, etc.

22

City & State

23 TALLAHASSEE, FL

Zip

Country

24 32304

25 LEON

2a. Mailing Address

26 715 Railroad Ave

Suite, Apt. #, etc.

27

City & State

28 TALLAHASSEE, FL

Zip

Country

29 32304

30 LEON

9. Name and Address of Current Registered Agent

BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME COLOVOS, GREGORY C
STREET ADDRESS 507-G SOUTH WOODWARD AVENUE
CITY-ST-ZIP TALLAHASSEE FL 32304

☐ DELETE

TITLE PSTD
NAME BUTLER, WARREN R
STREET ADDRESS 507-G SOUTH WOODWARD AVENUE
CITY-ST-ZIP TALLAHASSEE FL 32304

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME COLOVOS, Gregory C.
1.3 STREET ADDRESS 715 Railroad Ave
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32304

☒ Change

☐ Addition

2.1 TITLE PSTD
2.2 NAME Butler, Warren R.
2.3 STREET ADDRESS 715 Railroad Ave
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32304

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-99

Date

(850)

980-2109

Daytime Phone #

0051275

CR2E034 (11/98)