

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90240 001 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000029518

1. Corporation Name
THE LAKE WALES NEWS, INC.

Principal Place of Business Mailing Address
190 SOUTH FLORIDA AVENUE POST OFFICE BOX 120
BARTOW FL 33830 BARTOW FL 33831



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1998

2. Principal Place of Business
21 140 East Stuart Ave.

2a. Mailing Address
26 140 East Stuart Ave.

4. FEI Number
59-3501678

Applied For
 Not Applicable

Suite, Apt. #, etc. 1

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 Lake Wales, FL

City & State
28 Lake Wales, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
24 33853 25 US

Zip Country
29 33853 30 US

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, DONALD H JR.
190 EAST DAVIDSON STREET
BARTOW FL 33830

81 Name
S. L. Frisbie, IV

82 Street Address (P.O. Box Number is Not Acceptable)
190 South Florida Ave.

84 City
Bartow

85 Zip Code
FL 33830

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, to 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 *S. L. Frisbie, IV* **S. L. Frisbie, IV, president**

DATE **4/7/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	FRISBIE, S L IV	
STREET ADDRESS	190 SOUTH FLORIDA AVENUE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	P/D		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Loyal Frisbie		
2.3 STREET ADDRESS	190 South Florida Ave.		
2.4 CITY-ST-ZIP	Bartow, FL 33830		
3.1 TITLE	S/T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Mary G. Frisbie		
3.3 STREET ADDRESS	190 South Florida Ave.		
3.4 CITY-ST-ZIP	Bartow, FL 33830		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *S. L. Frisbie, IV* **S. L. Frisbie, IV**

DATE **4/7/99** (941) 533-4183

CR2E034 (1/1/98)