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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000058263

1. Corporation Name
CNC PUBLISHING, INC.

Principal Place of Business	Mailing Address
4336 WEST GANDY BLVD TAMPA FL 33611	4836 WEST GANDY BLVD TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

59-3517621

2. Principal Place of Business	2a. Mailing Address
21 4577 Gunn Hwy	26 4577 Gunn Hwy
Suite/Apt. #, etc. 22 209	Suite/Apt. #, etc. 27 209
City & State 23 Tampa, Fl.	City & State 28 Tampa, Fl. 336
Zip 24 33624 Country 25 Hillsborough	Zip 29 33624 Country 30 Hillsborough

3. Date Incorporated or Qualified: 07/01/1998

4. FEI Number: 59-3517621 ☐ 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

9. Name and Address of Current Registered Agent

BALLARD, JON
4836 WEST GANDY BLVD
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name: JON BALLARD
82 Street Address (P.O. Box Number is Not Acceptable)
83 3906 TUDOR CT. # 175
84 City: TAMPA FL 85 Zip Code: 33624

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: JON F. BALLARD JON F. BALLARD 4-16-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JON F. BALLARD 3906 TUDOR CT. #175 TAMPA, FL. 33614 (PRESIDENT) ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TERRY MOSS 7930 WOODLAND CTR. BLVD. #300 TAMPA, FL. 33678 (SECRETARY) ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TERRY BAKER 3715 ORANGE CREST VALRICO, FL. 33594 (TREASURER) ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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: JON F. BALLARD JON F. BALLARD 4-16-99 813-935-5700 EXT 259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #