SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (3)S58093 RECORDER PUBLISHING, INC. Mailing Address Principal Place of Business P.O. BOX 501 P.O. BOX 501 PONTE VEDRA BEACH FL 32004 PONTE VEDRA BEACH FL 32004 3a. Date of Last Report 3. Date incorporated or Qualified 06/08/1995 06/04/1991 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3070807 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 This corporation has liability for intengible tax under s. 199 032, Country Country Zip Zip Yes No Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name BRADFORD, TIMOTHY B Street Address (P.O. Box Number is Not Acceptable) 82 1504 ROBERTS DR JACKSONVILLE BEACH FL 32250 83 85 Zip Code City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (EQTE - Registered Agent signature required when teinstating) SIGNATURE. Supportune type disk printed on a chine, remaining of and the Lappin abis ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 11 1010 TITLE CR2E034 1.2 NAME BRADFORD, TIMOTHY B NAME 1504 ROBERTS DR 1.3 STREET ADDRESS STREET ADORESS 14 CITY - ST-ZIP JACKSONVILLE BEACH FL Change Addition CITY-ST-ZIF DELETE 21 TITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY-SI-ZIP DELETE 3.1 TIFLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 City St. ZIF CITY - ST - ZIP Change Addition DELETE 4 1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 5.1 THEF TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST ZIP Change Addition CITY-ST-ZIP DELETE 6 1 TiTLE THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City - \$1 - ZiP 14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information is Lated withis 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 have an another or effect or of the corporation the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Brook 12 or Brook 3 if praptied, or or an attachment with an address

SIGNATURE:

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

APRACIA

8-6-96 904-285-2915