

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90091 026 ***150.00

DOCUMENT # V13486

1. Corporation Name

FREE COMMUNITY PAPERS ADVERTISING NETWORK, INC.

Principal Place of Business

P.O. BOX 1539
LADY LAKES FL 32157-1539

Mailing Address

P.O. BOX 1539
LADY LAKES FL 32157-1539

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1992

4. FEI Number
59-3110612

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 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

MANDT, JOSEPH D ESQ.
610 W. AZEELE STREET
TAMPA FL 33606

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

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

Rhonda Hillier
(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PATTERSON, SCOTT
STREET ADDRESS
601 FAIRWAY AVENUE
CITY-ST-ZIP
DEERFIELD BEACH FL 33441

TITLE ☐ DELETE

NAME
ROCKWELL, CARLA
STREET ADDRESS
1401 OAKFIELD DRIVE
CITY-ST-ZIP
BRANDON FL 33511

TITLE ☐ DELETE

NAME
HILLIER, RHONDA
STREET ADDRESS
2905 E. BUS 98
CITY-ST-ZIP
PANAMA CITY FL 32401

TITLE ☒ DELETE

NAME
FREEMAN, PAULA
STREET ADDRESS
1740 AIA SOUTH
CITY-ST-ZIP
ST. AUGUSTINE FL 32750

TITLE ☐ DELETE

NAME
PITTS, GAYLE
STREET ADDRESS
11900 SW 128 STREET
CITY-ST-ZIP
MIAMI FL 33186

TITLE ☐ DELETE

NAME
TABOR, MIKE
STREET ADDRESS
4645 HWY. 19-A
CITY-ST-ZIP
MT. DORA FL 32757

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STEVE BLAIS
245 A S WOODLAND BLVD
DELAND, FL. 32720

CARLOS GUZMAN
11900 SW 128 ST.
MIAMI, FL. 33186

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:

David Neuhart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID NEUHART

9-14-99

Date

906 624 6747

Daytime Phone #

CR2E034 (11/98)

0566105