# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V33962** **(4)**

1. Corporation Name

**EXECUTIVE REPORTERS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 233 EAST BAY STREET<br>1133 BLACKSTONE BLDG<br>JACKSONVILLE FL 32202<br>US | 233 EAST BAY STREET<br>1133 BLACKSTONE BLDG<br>JACKSONVILLE FL 32202<br>US |

3. Date Incorporated or Qualified: **05/01/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3129083** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip: 24 Country: 25 | Zip: 29 Country: 30 |

9. Name and Address of Current Registered Agent

**FERNANDEZ, JOAN Z.**
**233 EAST BAY STREET**
**1133 BLACKSTONE BLDG**
**JACKSONVILLE FL 32202**

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 Section 607.0502 and 607.1502, 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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1 TITLE | ☐ Change ☐ Addition |
| NAME | FERNANDEZ, JOAN Z. | | 2 NAME | |
| STREET ADDRESS | 233 E BAY ST / 1133 BLACKSTONE BLDG | | 3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 2 TITLE | ☐ Change ☐ Addition |
| NAME | MCKEEVER, ELISE F | | 2 NAME | |
| STREET ADDRESS | 1662 PARK TERRACE W | | 2 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTIC BEACH FL | | 2 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 3 TITLE | ☐ Change ☐ Addition |
| NAME | FERNANDEZ, EDWARD JOHN | | 3 NAME | |
| STREET ADDRESS | 1174 POPOLEE RD. | | 3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4 NAME | |
| STREET ADDRESS | | | 4 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5 NAME | |
| STREET ADDRESS | | | 5 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6 NAME | |
| STREET ADDRESS | | | 6 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing complies with the requirements of Chapter 607, 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.

**SIGNATURE:** Joan Z. Fernandez 4/12/96 904-355-7801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)