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.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # V41732 (1)PUBLISHERS WAREHOUSE OF FT. WALTON, FLORIDA, INC Principa! Place of Business Mailing Address 255 MIRACLE STRIP PARKWAY 130 WEST END AVENUE UNIT 26 KNOXVILLE TN 37822 FT WALTON BEACH FL 32548 3. Date Incorporated or Qualified 3a. Date of Last Report 06/05/1992 06/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3127188 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Z:p Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 C T CORPORATION SYSTEM Name 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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 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 Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) 12. DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) TITLE D DELETE 11 Filte Change Addition WINEGARDNER, DEAN NAME 1.2 NAME 3000 RIVER HAVEN POINT CR2E034 STREET ADDRESS 1.3 STREET ADDRESS KNOXVILLE TN 37922 CITY - ST - ZIF 14 CITY - ST-ZIP TIFLE DELETE 21 TITLE Change Addition NAME BROOKS, RONALD A. 2.2 NAME 1308 J JOE HINTON RD. STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP KNOXVILLE TN 37923 2 4 CITY - ST-ZIP TITLE DELETE 3 1 TiTLE 👍 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 City-St-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 9000018903891:nge Addition -07/11/96--01013--023 51 THTLE 🌡 NAME 5.2 NAME STREET ADDRESS ***225.00 5 3 STREET ADDRESS DITY-ST-ZIP 5 4 CHTY - \$1 - 21P TITLE DELETE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP 14. I 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 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 that my name annears in Block 13 or Brock 13 if charged for on an attachment with an address.

r on an attachment with an address

NAME OF SIGNING OFFICER OR DIRECTOR

6-1-96 (403)675-7958

SIGNATURE: