

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V55213**

1. Corporation Name

Franklin County Chronicle, inc

Principal Place of Business

Mailing Address

**P.O. Box 590
Eastpoint, Fla**

000001472780

DO NOT WRITE IN THIS SPACE

05/03/95 01041--021

3. Date incorporated or Qualified **7-31-92** Date of Last Report **5-1-97**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

59-3137666

Not Applicable

5. Certificate of Status Desired

\$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

22 Suits, Apt. #, etc.

27 Suits, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**J.A. Watkins
41 Commerce St.
Apalachicola, Fla 32320**

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

Thomas W. Hopper

Signature. Typed or printed name of registered agent on line 8 in block 9.

NOTE: Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**President
Thomas W. Hopper
P.O. Box 590
Eastpoint, Fla 32328**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

**2309 Old Bainbridge Jge Rd
Tallahassee, Fla 32303**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST 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 110.07(3)(A), 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 its receiver or trustee empowered to execute the report as required by Chapter 007, Florida Statutes; and that my name appears in block 12 or block 13 if changed, or on an attachment with address.

SIGNATURE:

Thomas W. Hopper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

28 Apr 95 904-785-4003