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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # V64217

1. Corporation Name
ALSA PUBLISHING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5086 SE LISBON CIRCLE<br>STUART, FL 34997 | P.O. BOX 1064<br>STUART, FL 34995 |

3. Date Incorporated or Qualified: 09-14-1992
3a. Date of Last Report: 05-01-94

2. Principal Place of Business
21: 5086 SE LISBON CIRCLE
22: Suite, Apt. #, etc.
23: City & State: STUART FL
24: Zip: 34997 25: County: MARTIN

2a. Mailing Address
26: P.O. BOX 1064
27: Suite, Apt. #, etc.
28: City & State: STUART, FL
29: Zip: 34995 30: County: MARTIN

4. FEI Number: 65-0358432 ☐ 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

9. Name and Address of Current Registered Agent

SAUNDERS, THOMAS E.
5086 SE LISBON CIRCLE
STUART, FL 34997

10. Name and Address of New Registered Agent

81 Name: SAUNDERS, THOMAS E.
82 Street Address (P.O. Box Number is Not Acceptable): 5086 SE LISBON CIRCLE
83:
84 City: STUART FL 85 Zip Code: 34997

11. Pursuant to the provisions of Sections 607.0202 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 E Saunders THOMAS E. SAUNDERS 3/21/95
(Signature, type or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P.D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HAVERLAND, WILLIAM J. | 12 NAME | |
| STREET ADDRESS | 5086 SE LISBON CIRCLE | 13 STREET ADDRESS | |
| CITY ST ZIP | STUART, FL 34997 | 14 CITY ST ZIP | |
| TITLE | T-S-D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | SAUNDERS, THOMAS E. | 22 NAME | |
| STREET ADDRESS | 5086 SE LISBON CIRCLE | 23 STREET ADDRESS | |
| CITY ST ZIP | STUART, FL 34997 | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | 4/13/95 mst |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 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 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.

**SIGNATURE:** Thomas E Saunders THOMAS E. SAUNDERS 3/21/95 (407) 288-3878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #