

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **012575** (7)
1. Corporation Name
COLLIER COUNTY PUBLISHING COMPANY

Principal Place of Business Mailing Address
312 WALNUT ST. 28TH FL **312 WALNUT ST. 28TH FLOOR**
P.O. BOX 5380 **P.O. BOX 5380**
CINCINNATI OH 45201 **CINCINNATI OH 45201**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/06/1923** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-0578327** 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLINI, DANIEL J.	1 2 NAME	
STREET ADDRESS	7057 WOODSEDGE DR.	1 3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	1 4 CITY - ST - ZIP	
TITLE	P	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYANT, CORBIN A.	2 2 NAME	
STREET ADDRESS	320 BOWLINE DR	2 3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	2 4 CITY - ST - ZIP	
TITLE	VD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLEIGH, WILLIAM R.	3 2 NAME	
STREET ADDRESS	5925 ROPES DR	3 3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	3 4 CITY - ST - ZIP	
TITLE	S	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUPRIONIS, M. DENISE	4 2 NAME	
STREET ADDRESS	214 REDBUD CT	4 3 STREET ADDRESS	
CITY - ST - ZIP	LOVELAND OH	4 4 CITY - ST - ZIP	
TITLE	T	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFZORN, E. JOHN	5 2 NAME	
STREET ADDRESS	2255 HEATHER HILL BLVD.	5 3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	5 4 CITY - ST - ZIP	
TITLE	D	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRIPPS, CHARLES E.	6 2 NAME	
STREET ADDRESS	10 GRANDIN LANE	6 3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	6 4 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(2)(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 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: *D.J. Castellini* **D. J. CASTELLINI** **4/28/95** **(513) 977-3000**
SIGNATURE AND TITLE REQUIRED IN NAME OF REGISTERED OFFICER OR DIRECTOR (Date)