

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H50550** (3)

1. Corporation Name
MADISON NEWSPAPERS, INC.



Principal Place of Business: **3205 W. DUVAL ST. P.O. BOX 2099 LAKE CITY FL 32055**
Mailing Address: **3205 W. DUVAL ST. P.O. BOX 2099 LAKE CITY FL 32055**

3. Date Incorporated or Qualified: **04/01/1985**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-2642397**
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: **State Road 51**
2a. Mailing Address: **State Road 51**
22. City & State: **Mayo, FL**
23. Zip: **32066** Country: **USA**

9. Name and Address of Current Registered Agent:
**YOUNG, MANTHA
3205 WEST DUVAL ST
P.O. BOX 2099
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKETSON, LYNETTE	1.2 NAME	
STREET ADDRESS	3205 W. DUVAL ST.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE CITY FL	1.4 CITY-STATE-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, MANTHA	2.2 NAME	
STREET ADDRESS	RT. 4, BOX 23	2.3 STREET ADDRESS	
CITY-STATE-ZIP	JASPER FL	2.4 CITY-STATE-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKETSON, J. THOMAS	3.2 NAME	
STREET ADDRESS	3205 W. DUVAL ST.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE CITY FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 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, changed or on an attachment with an address.

SIGNATURE: *Mantha Young* DATE: **2/29/96** 904/755-2917

CR2E034 (12/95)