

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**

FILED
95 JAN 23 AM 10:18
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P02679 (9)

1. Corporation Name

CITY PUBLISHING COMPANY, INC.

Principal Place of Business

**118 SOUTH EIGHTH STREET
INDEPENDENCE KS 67301**

Mailing Address

**118 SOUTH EIGHTH STREET
INDEPENDENCE KS 67301**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/11/1984

3a. Date of Last Report

02/02/1994

4. FEI Number

48-0772797

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

Robert Mark Bryant

1/17/95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **BRYANT, ROBERT MARK**
STREET ADDRESS **601 MULBERRY**
CITY-ST-ZIP **INDEPENDENCE KS**

1.1 TITLE **PD**
1.2 NAME **BRYANT, ROBERT MARK**
1.3 STREET ADDRESS **RT 4, BOX 3**
1.4 CITY-ST-ZIP **INDEPENDENCE, KS 67301**
☒ Change ☐ Addition
ADDRESS

TITLE **TSD**
NAME **AITKEN, DONALD E.**
STREET ADDRESS **2530 N. 10TH**
CITY-ST-ZIP **INDEPENDENCE KS**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE **VD**
NAME **BRYANT, ANNE MARIE**
STREET ADDRESS **54 WOODBINE RD.**
CITY-ST-ZIP **NEW YORK NY**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE **VD**
NAME **BRYANT, ANNE MARIE**
STREET ADDRESS **54 WOODBINE ROAD**
CITY-ST-ZIP **NEW YORK NY**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 190.07(3)(b), 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:

Robert Mark Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1/17/95 316-331-2650
DATE (Typed Name)