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**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000058056 (1)

1. Corporation Name
SUPER SPEEDY SUBPOENA SERVICE, INC.



Principal Place of Business: **2250 WESTWOOD DRIVE LONGWOOD FL 32779**
Mailing Address: **2250 WESTWOOD DRIVE LONGWOOD FL 32779-4734**

3. Date incorporated or Qualified: **08/16/1993**
3a. Date of Last Report: **08/12/1996**

2. Principal Place of Business
21. **101 E CITRUS AVE.**
22. Suite, Apt. #, etc.
23. City & State: **ALTAMONTE SPRINGS**
24. Zip: **FLA**
25. Country: **SEMINOLE**
26. Mailing Address: **101 E. CITRUS AVE**
27. Suite, Apt. #, etc.
28. City & State: **ALTAMONTE SPRINGS**
29. Zip: **FLA**
30. Country: **SEMINOLE**

4. FEI Number: **59-3207827**
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

**MANIS, BRENDA
2250 WESTWOOD DRIVE
LONGWOOD FL 32779**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANIS, BRENDA	
STREET ADDRESS	2250 WESTWOOD DRIVE	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANIS, EVERETTE	
STREET ADDRESS	2250 WESTWOOD DRIVE	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWMAR, WILLIAM D III	
STREET ADDRESS	101 E CITRUS ST	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE-PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRENDA MANIS	
1.3 STREET ADDRESS	2250 WESTWOOD DRIVE	
1.4 CITY - ST - ZIP	LONGWOOD, FLA 32779	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM D. BOWMAR, III	
3.3 STREET ADDRESS	101 E. CITRUS ST	
3.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FLA	
4.1 TITLE	CHRISTINA D. BOWMAR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SECRETARY/TREASURER	
4.3 STREET ADDRESS	101 E. CITRUS ST.	
4.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FLA.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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: **William D. Bowmar III** (Signature and typed name of signing officer or director)
Date: **4-25-97**
Daytime Phone #: **407-830-1218**

CR2E034 (9/96)