SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000081448 (9) LDA LITIGATION SERVICES, INC. Mailing Address Principal Place of Business 3613 MARCO DRIVE 3613 MARCO DRIVE TAMPA FL 33614-2746 TAMPA FL 33614-2746 3a. Date of Last Report 3. Date Incorporated or Qualified 10/23/1995 FELNumber 59-334 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Zip Zin Yes 🔀 No 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Anton Leonard CORPORATION SERVICE COMPANY 82 1201 HAYS STREET TALLAHASSEE FL 32301-2525 83 provisions of Sections 697 0502 and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered great agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as rcg stered little with, and accept the bilightons of. Section 307,0505, Florida Statutes. office ager SIGNATURE (NOTE: Registered Agent signature: equirer) when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 AND DIRECTORS 13. 12 Change Addition Director rresident LIMBE TITLE CR2E034 1.2 NAME NAME 3613 Marco Drive 1.3 STREET ADDRESS STREET ADDRESS 33614-2746 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition 2.1 THILE TITLE 2 2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CiTy - ST - ZiP CITY-ST-ZIP Change Addition DELETE 31 HILE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP Change | Addition DELÉTE 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 51 THLE TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6 2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6 4 CITY-\$1-2iP sat 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 information indicated of this annual report or supplemental annual report is true and accurate and that my signature is fall have the same legal effect as if it is an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and is it is not specified by Chapter 617, Florida Statutes, and is it is not specified by Chapter 617, Florida Statutes, and is it is not specified by Chapter 617. 14. I do hereby certify further certify that the that my name

SIGNATURE