PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 206970

1. Corporation Name

ATTORNI	EYS HOLDING INC					
Principal Place	e of Business	Mailing Address			I I Matte einit detre sitte inter rasi anti mien aran	BIBLI BIBLI BIBLI BIBLI IBBL
170 EAST GRAN	NADA BLVD.	170 EAST GRANADA BLVD.				**************************************
P O BOX 65 P O BOX 65					DO NOT WRITE IN THIS SPACE	
ORMOND BEACH FL 32175 ORMOND BEACH FL 32175				3. Date Incorporated or Qualifed		
					10/23/1957	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-0943665	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
27 27					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	'	8. This corporation owes the current year Intan	
24	25	29 3	0		1 ersonari Toperty Tax.]Yes ☐No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered Ag	ent
CONWAY,LOUIS E						
170 E GRANADA BLVD.			82	Street Add	dress (P.O. Box Number is Not Acceptable)	•
ORMOND BEACH FL 32176			83	-		
01111						
			84	City	FL	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered ago		<u> </u>	nt signature requi	red when reinstating) DATE	DIRECTORS IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
TITLE	PD	☐ DELETE	1.1 TITLE		`	7,0,00,90
NAME	BARR, WILLIAM M.		1.2 NAME	T ADDRESS		
STREET ADDRESS	170 E. GRANADA BLVD. ORMOND BCH. FL		1.4 CITY-S		•	
CITY-ST-ZIP TITLE	SD SD	☐ DELETE	2.1 TITLE	N-2IF		Change Addition
NAME	LOUIS E. CONWAY	_	2.2 NAME			
STREET ADDRESS	TO E ODINIADA DIVID		2.3 STREE	TADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		2. 4 CITY-	ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE			Change Addition
NAME	HAHL, JAMES G.		3.2 NAME			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		3.3 STREE	TADDRESS	•	100
CITY-ST-ZIP	ORMOND BCH. FL	— — — — — — — — — — — — — — — — — — —	3.4. CITY-	ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		•	
NAME			4, 2 NAME	T ADDRESS		
STREET ADDRESS			4.3 STREE			
CITY-ST-ZIP		☐ DELETE 5.17		51-4.IF		☐ Change ☐ Addition
NAME		_	5.2 NAME			
STREET ADORESS	;		5.3 STREE	TADDRESS		
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
l			6.2 NAME			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS

SIGNATURE: James G. Hahl Vice President SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR FORESTOR

1/5/99

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90001 037 ***150.00

(904) 673-4200

Daytime Phone #