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PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90065 014 ***150.00

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AND THE STATE OF T

DOCUMENT #	480737
1. Corporation Name	400101

ASSOCIATED COURT REPORTERS, INC.

Principal Place of	f Business	Mailing Addre					1 16110 C ar t a tric a	LEGEL GEGEL GLANT A	idiger Grant Coat	
108 N. MAGNOLIA AVENUE		108 N. MAGNO	OLIA AVENUE	:						
PO BOX 27		PO BOX 27	PO BOX 27			DO NOT WE	DO NOT WRITE IN THIS SPACE			
OCALA FL 34475		OCALA FL 344 US	475			Date Incorporated or Qualife		STACE		
US		U3				07/17/1975	· ·			
2 Principal Place	e of Business	2a. Mailing Ad	ddress			4. FEI Number		Ap	plied For	
2. Principal Place of Business		<u></u>	26			59-1613003		 	t Applicable	
Suite, Apt. #, 6	etc.	Suite, Apt	. #, etc.					\$8.75	Additional	
22		27				5. Certificate of Status Desired		Fee Re	quired	
City & State		City & Sta	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	г	Country	y	8. This corporation owes the cu	ırrent year Int		□ No.	
24	25			30		Personal Property Tax.	. Deniet-red	Yes	□No	
	9. Name and Address of C	urrent Registered Ager	nt		Name	10. Name and Address of New	Registered	Agent		
arink.	, CHARLENE A								<u></u>	
	MAGNOLIA			82	Street Add	dress (P.O. Box Number is Not Accept	otable)			
	A, FLORIDA				 	<u> </u>	- , · · · · · · · · · · · · · · · · · · 		H rs v	
	A FL 34475						<u> </u>		. 193	
				84	City		FL	85 Zip (Code 🤄	
44 Diversion 4 4 4	the provisions of Sections 60	7.0502 and 607.1508, FI	lorida Statute	es, the abov	e-named con	poration submits this statement for th	ne purpose of	changing its	registered	
II. Pursuant to t	istored agent or both in the 9	State of Florida. Such ch	nange was at	uthorized by	/ the corporat	tion's board of directors. I hereby acc	ept the appoi	ınımenı as re	gisterea	
office or reals	familiar with, and accept the o	obligations of, Section 60	07.0505, Flor	nda Statute:	5.					
office or regis agent. I am f	familiar with, and accept the o	obligations of, Section 60	07.0505, Flor		5.	red when reinstating)	DATE			
office or regis agent. I am f	familiar with, and accept the or gnature, typed or printed name of register	obligations of, Section 60	07.0505, Flor		5.	red when reinstating) ADDITIONS/CHANGES TO C		ND DIRECTO	RS IN 12	
office or regis	familiar with, and accept the or gnature, typed or printed name of register	obligations of, Section 60 red agent and title if applicable. RS AND DIRECTORS	07.0505, Flor	Registered Age	5.			ND DIRECTO	PRS IN 12	
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