FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:56

DOCUMENT # 702262 (7)

1. Corporation Name

FLORIDA COURT REPORTERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SUITE 101 222 S. WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714	SUITE 101 222 S. WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1961
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1091007 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KAUTTER, TINA
SUITE 101
222 S. WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	S ☒ Change ☐ Addition
NAME	HEDQUEST, MARIANNE	12 NAME	HUGHES, THOMAS
STREET ADDRESS	34 E. FORSYTH ST.	13 STREET ADDRESS	633 S.E. 3rd Ave. #200
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	T	21 TITLE	T ☒ Change ☐ Addition
NAME	DEMPSTER, ROBERT	22 NAME	
STREET ADDRESS	315 COURT STREET	23 STREET ADDRESS	501 S. FORT HARRISON #214
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	CLEARWATER, FL 34617
TITLE	P	31 TITLE	V ☒ Change ☐ Addition
NAME	NARUP, PHILL	32 NAME	HYLAND, VIRGINIA
STREET ADDRESS	125 E. ORANGE AVE.	33 STREET ADDRESS	501 1st AVENUE, NORTH #508
CITY-ST-ZIP	DAYTONA BEACH FL	34 CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	PD	41 TITLE	P/D ☒ Change ☐ Addition
NAME	EPPERSE, BOB	42 NAME	EPPERS, ROBERT
STREET ADDRESS	14050 - 3RD ST.	43 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	D ☒ Change ☐ Addition
NAME	PINO, DARLENE	52 NAME	NARGIZ, SANDRA
STREET ADDRESS	8027 BLUE SMOKE DRIVE	53 STREET ADDRESS	100 SALEM COURT
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D	61 TITLE	M/D ☒ Change ☐ Addition
NAME	KAUTTER, TINA	62 NAME	
STREET ADDRESS	222 S WESTMONTE DR #101	63 STREET ADDRESS	REMITTED BY F
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	64 CITY-ST-ZIP	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARTINE KAUTTER Martine E. Kautter 4/25/95 (407) 774-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030040