

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 05 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 # **F27528** (1)

1. Corporation Name  
**LEGAL PUBLICATIONS, INCORPORATED**



Principal Place of Business

Mailing Address

414 E. 7TH AVENUE  
SECOND FLOOR  
TALLAHASSEE FL 32303  
US

P.O. BOX 4372  
TALLAHASSEE FL 32315-4372  
US

3. Date Incorporated or Qualified **03/31/1981** 3a. Date of Last Report **04/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-2095299** Applied For  Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOGGS, H. GLENN, II**  
414 E. 7TH AVENUE  
TALLAHASSEE FL 32303

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

State of Florida Department of State, Tallahassee, Florida

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |  |
|-----------------|--|
| TITLE           | <b>DST</b> <input type="checkbox"/> DELETE |
| NAME            | <b>STAUBER, ALVIN</b>                      |
| STREET ADDRESS  | <b>2514 BETTON WOODS DR.</b>               |
| CITY - ST - ZIP | <b>TALLAHASSEE, FL 00000</b>               |
| TITLE           | <b>D</b> <input type="checkbox"/> DELETE   |
| NAME            | <b>BOGGS, H GLENN, II</b>                  |
| STREET ADDRESS  | <b>3900 WOOD GREEN WAY</b>                 |
| CITY - ST - ZIP | <b>TALLAHASSEE, FL 00000</b>               |
| TITLE           | <input type="checkbox"/> DELETE            |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> DELETE            |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> DELETE            |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 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: *Alvin Stauber* **ALVIN STAUBER**

2-28-97

904-224-6649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)