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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F27528

1. Corporation Name LEGAL PUBLICATIONS, INCORPORATED

Principal Place of Business

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

Mailing Address

P.O. BOX 4372 TALLAHASSEE FL 32315 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1981

4. FEI Number

59-2095299

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

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Alvin Stauber

82 Street Address (P.O. Box Number is Not Acceptable)

414 E. 7th Avenue

83

84 City

Tallahassee

FL

85 Zip Code

32303

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: Alvin Stauber, Pres.

3-22-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DST NAME STAUBER, ALVIN STREET ADDRESS 2514 BETTON WOODS DR. CITY-ST-ZIP TALLAHASSEE, FL 00000

DELETE

TITLE D NAME BOGGS, H GLENN, II STREET ADDRESS 3900 WOOD GREEN WAY CITY-ST-ZIP TALLAHASSEE, FL 00000

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition

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.

SIGNATURE: Alvin Stauber, Pres.

3-22-99 (PSO) 224-6649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)