

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90008 046 ***550.00

DOCUMENT # F98000004146

1. Corporation Name

LAW OFFICE INFORMATION SYSTEMS, INC.

Principal Place of Business

105 N. 28TH ST
VAN BUREN AR 72956

Mailing Address

105 N. 28TH ST
VAN BUREN AR 72956

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1998

4. FEI Number

71-0655999

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. ☐ Yes ☒ No

2. Principal Place of Business

21 105 N 28th St.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1r

Suite, Apt. #, etc.

City & State

23 Van Buren, AR

City & State

Zip

24 72956

Country

Zip

25

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME **PARKER, KYLE D**
STREET ADDRESS **1530 S. 37TH**
CITY-ST-ZIP **FORT SMITH AR 72901**

TITLE SD ☐ DELETE

NAME **PARKER, DOUGLAS**
STREET ADDRESS **2720 WALDRON RD**
CITY-ST-ZIP **FORT SMITH AR 72901**

TITLE D ☒ DELETE

NAME **HOLT, JACK**
STREET ADDRESS **6425 FORESTWOOD FARM RD**
CITY-ST-ZIP **LITTLE ROCK AR 72212**

TITLE D ☐ DELETE

NAME **AMMERMAN, BOB**
STREET ADDRESS **85 MERRIMAC ST, SUITE 200**
CITY-ST-ZIP **BOSTON MA 02114**

TITLE D ☒ DELETE

NAME **MICHALIK, CHRIS**
STREET ADDRESS **85 MERRIMAC ST, SUITE 200**
CITY-ST-ZIP **BOSTON MA 02114**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Addition

1.2 NAME **Mark Bayland**
1.3 STREET ADDRESS **105 N 28th St**
1.4 CITY-ST-ZIP **Van Buren, AR 72956**

2.1 TITLE **Director** ☐ Change ☒ Addition

2.2 NAME **D. Randy Laney**
2.3 STREET ADDRESS **105 N 28th St.**
2.4 CITY-ST-ZIP **Van Buren, AR 72956**

3.1 TITLE **Director** ☐ Change ☒ Addition

3.2 NAME **Hannah Stone**
3.3 STREET ADDRESS **767 Fifth Ave 45th Fl.**
3.4 CITY-ST-ZIP **New York, NY**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: **Parker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/99

Date

501-471-5581

Daytime Phone #

CR2E034 (5/99)