

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G11226** (9)

1. Corporation Name

THE LAW SOURCE, INC.

Principal Place of Business

Mailing Address

**5001 NW 27TH CT
GAINESVILLE FL 32606**

**5001 NW 27TH CT
GAINESVILLE FL 32606**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

12/01/1982

3a. Date of Last Report

03/14/1995

4. FEI Number

59-2237076

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SMITH, JACK N
5001 NW 27TH CT
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name

LODGE, JOHN S.

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

5001 NW 27th CT.

83

84 City

GAINESVILLE

85 FL

Zip Code

32606

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

John S. Lodge

John S. Lodge, V.P.

4/23/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, ARTHUR H	
STREET ADDRESS	RT 2 BOX 642	
CITY-ST-ZIP	NEWBERRY FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	WALSTON, E HOYT	
STREET ADDRESS	805 NE 12TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JACK N	
STREET ADDRESS	4135 NW 20TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORRISON, JENNIFER J.	
STREET ADDRESS	7175 SW 114TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VDC	<input type="checkbox"/> DELETE
NAME	LODGE, JOHN S	
STREET ADDRESS	6710 NW 53RD TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MALAGODI, MAJORIE H	
STREET ADDRESS	3015 SW FIRST AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	(zip) 32669
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	(zip) 32601
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KRUGER, BRIAN J.
3.3 STREET ADDRESS	10210 SW 38th PLACE
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32607
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	(zip) 33156
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	(zip) 32653
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	(zip) 32606

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)(k), 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:

John S. Lodge

John S. Lodge

4/23/96

Date

352-376-9511

Daytime Phone #

CR2E034 (12/95)