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Apr 08 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 # **G11226** (9)

1. Corporation Name
THE LAW SOURCE, INC.

Principal Place of Business

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

Mailing Address

**5001 NW 27TH CT
GAINESVILLE FL 32606-6545**



3. Date Incorporated or Qualified **12/01/1982** 3a. Date of Last Report **05/01/1996**

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

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent

**LODGE, JOHN S.
5001 NW 27TH CT
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City State 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 (NOTE: Registered Agent signature required when reinstating) 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 type="checkbox"/> DELETE |
| NAME | KRUGER, BRIAN J. | |
| STREET ADDRESS | 10210 S.W. 38TH PLACE | |
| 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 | VD | <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 | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | (zip) 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 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: **John S. Lodge** REQUIRED John S. Lodge 4/2/97 352-376-9511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)