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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90038 039 ***150.00

DOCUMENT # G11226 or (9)

1. Corporation Name
THE LAW SOURCE, INC.

[redacted]

Principal Place of Business	Mailing Address
5001 NW 27TH CT GAINESVILLE FL 32606	5001 NW 27TH CT GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1982

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-2237076
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23

City & State
28

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

Zip
24

Country
25

Zip
29

Country
30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Max 6)		
TITLE	VD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, ARTHUR H		1.2 NAME		
STREET ADDRESS	RT 2 BOX 642		1.3 STREET ADDRESS	5001 NW 27TH COURT	
CITY-ST-ZIP	NEWBERRY FL		1.4 CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALSTON, E HOYT		2.2 NAME		
STREET ADDRESS	805 NE 12TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KRUGER, BRIAN J.		3.2 NAME		
STREET ADDRESS	10210 S.W. 38TH PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MORRISON, JENNIFER J.		4.2 NAME		
STREET ADDRESS	7175 SW 114TH TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	VDC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LODGE, JOHN S		5.2 NAME		
STREET ADDRESS	6710 NW 53RD TERR		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MALAGODI, MAJORIE H		6.2 NAME		
STREET ADDRESS	3015 SW FIRST AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		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: John S. Lodge 4/14/99 352-376-9511