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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H98509** (3)

1. Corporation Name

LEGALINE PREPAID LEGAL SERVICES, INC.



Principal Place of Business

**3490 PEIDMONT ROAD N.E., SUITE 600
ATLANTA GA 30305**

Mailing Address

**3490 PEIDMONT ROAD N.E., SUITE 600
ATLANTA GA 30305**

3. Date Incorporated or Qualified

02/10/1986

3a. Date of Last Report

06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **3490 Piedmont Road NE**

26 **3490 Piedmont Road NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **600**

27 **600**

City & State

City & State

23 **Atlanta GA**

28 **Atlanta GA**

Zip

Zip

24 **30305**

29 **30305**

Country

Country

25 **Fulton**

30 **Fulton**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLY, JOHN
620 W. WASHINGTON STREET
MONTICELLO FL 32344**

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 the date of filing

Date Registered Agent Signature Required (Whichever is later)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **BRADSHAW, W. T.**
STREET ADDRESS **3490 PIEDMONT RD #600**
CITY-ST-ZIP **ATLANTA GA**

TITLE **SD** ☐ DELETE

NAME **RAMSEY, CAROL B.**
STREET ADDRESS **3490 PIEDMONT RD #600**
CITY-ST-ZIP **ATLANTA GA**

TITLE **TD** ☐ DELETE

NAME **PHILLIP, CARROLL**
STREET ADDRESS **3490 PIEDMONT ROAD #600**
CITY-ST-ZIP **ATLANTA GA**

TITLE **EVD** ☐ DELETE

NAME **KELLY, JOHN**
STREET ADDRESS **620 W. WASHINGTON STREET**
CITY-ST-ZIP **MONTICELLO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

Melissa A. Mullin **Melissa A. Mullin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 **(404) 237-7111**
Date Daytime Phone

CR2E034 (12/95)