

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K63372 (2)
1. Corporation Name
ROBERT AUGUSTUS HARPER LAW FIRM, P.A.



Principal Place of Business Mailing Address
300 W PARK AVE TALLAHASSEE FL 32301-1414
PO BOX 10132 TALLAHASSEE FL 32302-2132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 325 West Park Avenue Suite, Apt. #, etc. 22		2a. Mailing Address 26 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 02/06/1989	
23 Tallahassee, Florida City & State		28 City & State		4. FEI Number 59-2925419 Applied For Not Applicable	
24 32301 Zip	25 USA Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HARPER, ROBERT AUGUSTUS, JR.
300 WEST PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name Harper, Robert Augusuts, Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 325 West Park Avenue
83
84 City Tallahassee
85 Zip Code FL 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input type="checkbox"/> DELETE	1.1 TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARPER, ROBERT A., JR.		1.2 NAME Harper, Robert A., Jr.	
STREET ADDRESS 300 W. PARK AVENUE		1.3 STREET ADDRESS 325 West Park Avenue	
CITY-ST-ZIP TALLAHASSEE FL		1.4 CITY-ST-ZIP Tallahassee, Florida 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARPER, JILL BETH		2.2 NAME Harper, Jill Beth	
STREET ADDRESS 300 W. PARK AVENUE		2.3 STREET ADDRESS 325 West Park Avenue	
CITY-ST-ZIP TALLAHASSEE FL		2.4 CITY-ST-ZIP Tallahassee, Florida 32301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE:

[Signature]

04-27-98 050-224-5900

CR2E034 (10/97)