FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 11:15

DOCUMENT # **L67711** (6)

1. Corporation Name
THE LAWYER'S EQUIPMENT CORPORATION

Principal Place of Business	Mailing Address
PO BOX 879 DELAND FL 32721-7879	PO BOX 879 DELAND FL 32721-7879

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1990
3a. Date of Last Report: 08/25/1994

2. Principal Place of Business	2a. Mailing Address
21 1 CIRCLE OAKS TRAIL	26 1 CIRCLE OAKS TRAIL
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORMOND BEACH, FL	City & State 28 ORMOND BEACH FL
Zip 24 32174 County 25	Zip 29 32174 County 30

4. FEI Number: 59-3005521 ☐ 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	10. Name and Address of New Registered Agent
BOIRE, MARTIN C. ONE CIRCLE OAKS TRAIL ORMOND BEACH, FL 32174	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) (New Registered Agent signature required when changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	11 TITLE	☐ Change ☐ Addition
NAME	BOIRE, MARTIN C	12 NAME	
STREET ADDRESS	ONE CIRCLE OAKS TRAIL	13 STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH, FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	BOIRE, JANET L	22 NAME	
STREET ADDRESS	ONE CIRCLE OAKS TRAIL	23 STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH, FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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: BY: [signature] 5-30-94
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date)
EMILY DOLL AS SEC.

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