

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 27 PM 2: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M82898 (1)**

1. Corporation Name  
**U.S. LEGAL PROTECTION COMPANY**

Principal Place of Business	Mailing Address
51 S MAIN AVE 314 PO BOX 6215 CLEARWATER FL 34625-804 US	51 S MAIN AVE 314 PO BOX 6215 CLEARWATER FL 34625-804 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/26/1988</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2895101</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**POLAK, NATHANIEL W  
51 MAIN AVE S  
STE 314  
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and their respective positions) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CBE</b>
NAME	<b>CARLTON, VASSAR</b>
STREET ADDRESS	<b>2828 DEL RIO DRIVE</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	<b>VTSP</b>
NAME	<b>POLAK, NATHANIEL W</b>
STREET ADDRESS	<b>903 PIEDMONT DR</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>D</b>
NAME	<b>LAUER, DALE R</b>
STREET ADDRESS	<b>903 PIEDMONT DR</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>D</b>
NAME	<b>SMITH, FINCHER W</b>
STREET ADDRESS	<b>315 E GEORGIA ST</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	
9. STREET ADDRESS	
10. CITY - ST - ZIP	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. 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 199.07(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 liquidator thereof, and that I am prepared 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: **Nathaniel W. Polak** *Nathaniel W. Polak* April 21, 1995 813/443-1309  
SIGNATURE AND TYPED OR PRINTED NAME OF BEHINDING OFFICER OR DIRECTOR (Date) (Article Page #)