

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 FEB -9 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M93996** (0)  
1. Corporation Name  
**PARALEGAL & ATTORNEY SERVICE BUREAU, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1406 HAYS ST.  
SUITE 2  
TALLAHASSEE FL 32301-4546**

Mailing Address  
**1406 HAYS ST.  
SUITE 2  
TALLAHASSEE FL 32301-4546**

3. Date Incorporated or Qualified  
**08/11/1988**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
25 Suite, Apt. #, etc.  
26 City & State  
27 Zip Country  
28

4. FEI Number  
**59-2905950**

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

9. Name and Address of Current Registered Agent  
**CAPITOL SERVICES INC  
1406 HAYS ST  
SUITE 2  
TALLAHASSEE FL 32301**

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	DPY HILL, KATHLEEN J.	1406 HAYS ST STE 2	TALLAHASSEE FL	<input type="checkbox"/>
	V HILL, MARTHA E	1406 HAYS ST STE 2	TALLAHASSEE FL 32301	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
1.1				<input type="checkbox"/>
1.2				<input type="checkbox"/>
1.3				<input type="checkbox"/>
1.4				<input type="checkbox"/>
2.1				<input type="checkbox"/>
2.2				<input type="checkbox"/>
2.3				<input type="checkbox"/>
2.4				<input type="checkbox"/>
3.1				<input type="checkbox"/>
3.2				<input type="checkbox"/>
3.3				<input type="checkbox"/>
3.4				<input type="checkbox"/>
4.1				<input type="checkbox"/>
4.2				<input type="checkbox"/>
4.3				<input type="checkbox"/>
4.4				<input type="checkbox"/>
5.1				<input type="checkbox"/>
5.2				<input type="checkbox"/>
5.3				<input type="checkbox"/>
5.4				<input type="checkbox"/>
6.1				<input type="checkbox"/>
6.2				<input type="checkbox"/>
6.3				<input type="checkbox"/>
6.4				<input type="checkbox"/>

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: *[Signature]*

CP2E034 (10/97)