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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N08312 (3)

1. Corporation Name

FLORIDA ASSOCIATION OF PROFESSIONAL PROCESS SERVERS, INC.

Principal Place of Business	Mailing Address
P O BOX 55-8492 SOUTH MIAMI FL 33255	P O BOX 55-8492 SOUTH MIAMI FL 33255

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1985
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-2463953 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P O Box 55-8492	26 P O Box 55-8492
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: South Miami FL	28 So. Miami FL
24 Zip: 33255 25 Country: USA.	29 Zip: 33255 30 Country: U.S.A.

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MANN, T. C.
1040 PORT BLVD., #404
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name: Donald S. Eisenberg
82 Street Address (P.O. Box Number is Not Acceptable): 111 North Orange Avenue
83: Suite 1230
84 City: Orlando FL 85 Zip Code: 32801

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: Donald S. Eisenberg — Donald S. Eisenberg — 2/16/95
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	Pd Director	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	TAYLOR, CHUCK	1.2 NAME	Norman Mathers	
STREET ADDRESS	73 W. FLAGLER ST.	1.3 STREET ADDRESS	P.O.Box 20709MX	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32310-0709	
TITLE	VP Director	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	BRYANT, ALLAN	2.2 NAME	Donald S. Eisenberg	
STREET ADDRESS	73 W. FLAGLER ST.	2.3 STREET ADDRESS	111 North Orange Avenue Suite 1230	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	SD	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	SCHULER, MICHAEL	3.2 NAME	John P. Julian	
STREET ADDRESS	73 W. FLAGLER ST.	3.3 STREET ADDRESS	12265 S. Dixie Highway Suite 957	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL 33156	
TITLE	TD	4.1 TITLE	~~Arlene M. Sutton~~	☐ Change ☒ Addition
NAME	SUTOR, SCOTT	4.2 NAME		
STREET ADDRESS	73 W. FLAGLER ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	MCCOACH, ALAN	5.2 NAME	Arlene M. Sutton	
STREET ADDRESS	73 W. FLAGLER ST.	5.3 STREET ADDRESS	214 N. Clay Street Suite 200	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	P President	6.1 TITLE	President	☐ Change ☐ Addition
NAME	GIETZEN, ROBERT W.	6.2 NAME		
STREET ADDRESS	73 W. FLAGLER ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald S. Eisenberg, VP — Donald S. Eisenberg — 2/14/95 — 407-426-7433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072833