SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST [illegible], 96.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

NON- PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 MAY 23 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08312

1. Corporation Name
~~Florida~~ Florida Association of Professional Process Servers, Inc.

Principal Place of Business
106 Longhorn Road
Winter Park, FL 32792

Mailing Address
Same

3. Date Incorporated or Qualified: 3-21-85
3a. Date of Last Report: 1995 (3-23-95)

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

4. FEI Number: 59-2463953 ☐ 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

Donald S. Eisenberg
111 North Orange Avenue
Suite 1030
Orlando, FL 32801

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 _____ DATE _____
Signature, typed or printed name of officer, director or partner (as applicable) (NOTE: Registered Agent signature required when name changes)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	11 TITLE	Director	☐ Change ☐ Addition
NAME	John P. Julien		12 NAME	Robert D. Musser, Sr.	
STREET ADDRESS	12265 S. Dixie Highway, #957		13 STREET ADDRESS	106 Longhorn Road	
CITY-ST-ZIP	Miami, FL 33156		14 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	Vice President	☐ DELETE	21 TITLE	Director	☐ Change ☐ Addition
NAME	Donald S. Eisenberg		22 NAME	Murray C. Deal	
STREET ADDRESS	111 N. Orange Avenue, #1030		23 STREET ADDRESS	8930 State Road 84, #313	
CITY-ST-ZIP	Orlando, FL 32801		24 CITY-ST-ZIP	Davie, FL 33324	
TITLE	Treasurer	☐ DELETE	31 TITLE	Director	☐ Change ☐ Addition
NAME	Leslie L. Brown		32 NAME	Eileen C. Keeton	
STREET ADDRESS	4811 26 Avenue West		33 STREET ADDRESS	1549 Blue Lake Circle	
CITY-ST-ZIP	Bradenton, FL 34209		34 CITY-ST-ZIP	Punta Gorda, FL 33983	
TITLE	Secretary	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	Arlene M. Sutton		42 NAME		
STREET ADDRESS	214 N. Clay Street, #200		43 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32202		44 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	Arnold A. Segel		52 NAME		
STREET ADDRESS	706 N. Edison Avenue, #5		53 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33615		54 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	L. Allen Bryant		62 NAME		
STREET ADDRESS	P.O. Box 3828, MP		63 STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32802-3828		64 CITY-ST-ZIP		

CR2E034 (3/96)

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 above/on an attachment with an address.

SIGNATURE: Donald S. Eisenberg Vice President 8/23/96 407-426-7433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Donald S. Eisenberg