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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08312** (3)

1. Corporation Name

**FLORIDA ASSOCIATION OF PROFESSIONAL PROCESS SERV
ERS, INC.**

Principal Place of Business

Mailing Address

**106 LONGHORN ROAD
WINTER PARK FL 32782
US**

**106 LONGHORN ROAD
WINTER PARK FL 32782-5710
US**



3. Date Incorporated or Qualified
03/21/1985

3a. Date of Last Report
08/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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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

10. Name and Address of New Registered Agent

**EISENBERG, DONALD S.
111 NORTH ORANGE AVENUE
SUITE 1030
ORLANDO FL 32801**

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME **MUSSEY, ROBERT D**
STREET ADDRESS **106 LONGHORN ROAD**
CITY-ST-ZIP **WINTER PARK FL 32782**

1.2 NAME **Leslie Brown**
1.3 STREET ADDRESS **4811 26th Avenue South**
1.4 CITY-ST-ZIP **Bradenton, FL 34209**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME **BRYANT, ALLEN**
STREET ADDRESS **PO BOX 3828, N/A**
CITY-ST-ZIP **ORLANDO FL 32802**

2.2 NAME **Murray C. Deal**
2.3 STREET ADDRESS **8930 State Road 84, Suite 313**
2.4 CITY-ST-ZIP **Orlando, FL 32824**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME **JULIEN, JOHN P.**
STREET ADDRESS **12265 S. DIXIE HIGHWAY, SUITE 957**
CITY-ST-ZIP **MIAMI FL**

3.2 NAME **Fileen Keeton**
3.3 STREET ADDRESS **1549 Blue Lake Circle**
3.4 CITY-ST-ZIP **Punta Gorda, FL 33983**

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **SUTTON, ARLENE**
STREET ADDRESS **214 N. CLAY STREET, #200**
CITY-ST-ZIP **TAMPA FL 33615**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **SEGAL, ARNOLD**
STREET ADDRESS **706 EDISON AVE., #5**
CITY-ST-ZIP **TAMPA FL 33615**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **EISENBERG, DONALD S**
STREET ADDRESS **111 N. ORANGE AVE., #1030**
CITY-ST-ZIP **ORLANDO FL 32801**

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Donald S. Eisenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0015435**

CR2E037 (9/96)