

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90009 023 ****61.25

DOCUMENT # N08312

1. Corporation Name

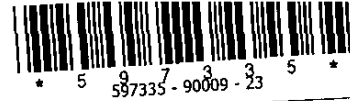
**FLORIDA ASSOCIATION OF PROFESSIONAL PROCESS SERV
ERS, INC.**

Principal Place of Business

106 LONGHORN ROAD
WINTER PARK FL 32792
US

Mailing Address

106 LONGHORN ROAD
WINTER PARK FL 32792
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/21/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2463953	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

MUSSER, ROBERT D
106 LONGHORN ROAD
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MUSSER, ROBERT D	1.2 NAME	
STREET ADDRESS	106 LONGHORN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	KEETON, EILEEN	2.2 NAME	
STREET ADDRESS	P.O. BOX 510110	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33951	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	LIPPMAN, JACK	3.2 NAME	
STREET ADDRESS	4030 POWERLINE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	VAUSE, TODD	4.2 NAME	
STREET ADDRESS	655 E TENNESSEE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	
TITLE	T ☒ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	ROBINSON, LYLE	5.2 NAME	
STREET ADDRESS	P.O. BOX 4965	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	EISENBURG, DONALD S	6.2 NAME	
STREET ADDRESS	111 N ORANGE AVE., #1030	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-99
Date

(954) 568-1900
Daytime Phone #

CR2E037 (5/99)

0001254