

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90168 018 \*\*\*\*61.25

## **DOCUMENT # N34683**

1. Corporation Name

FLORIDA LEAGUE OF PROFESSIONAL LOBBYIST, INC.

Principal Place of Business 516 N ADAMS ST.

TALLAHASSEE FL 32301

2. Principal Place of Business

Mailing Address

PO BOX 784

TALLAHASSEE FL 32302

2a. Mailing Address

26

|--|--|--|--|

3. Date incorporated or Qualifed

10/12/1989

	Suite, Apt.	#, etc.		Suite, Apt.	#, etc.				4. FEI Number			Арр	lied For
22		27			59-2969272		59-2969272		Γ	Not	Applicable		
	City & State		City & State					E. C. diff. A. of Status Designed		\$8.	75 A	ditional	
23	,		28	28					5. Certifcate of Status Desired	LJ	F	ee Rec	uired
_	Zip	Cour	itry	Zip		Country			6. Election Campaign Financing	<del></del>	\$5	.00 n	fav Be
24	•	25	29	3	30	30			Trust Fund Contribution		A	ided to	Fees
=:1			ress of Current Reg	istered Agen	t				10. Name and Address of New	Registered /	Agent		
						81	Name						į
curper ion i						82	Ctrant	A delene	ss (P.O. Box Number is Not Accept	table)			
SHEBEL, JON L.						02	Street	Addres	ss (P.O. Box Number is Not Accept	iable)			
516 NORTH ADAMS STREET TALLAHASSEE FL 32301						83							
	IALLAMAS	SEE FL 32301				Ш							
						84	City			FL	85	Zip C	ode
- 44												egistered	
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.		Signature, typed or printed na	OFFICERS AND DIF		(NOTE: Re	13.	l signature i	equired v	ADDITIONS/CHANGES TO OF		D DIRI	ECTOR	RS IN 12
		1/0	OFFICERS AND DIF		DELETE	1.1 TITLE		Γ			[] Ch		Addition
ПП		VD			DECETE								
NAN		TORNILLO, PAT L				1.2 NAME		Ì					j
STR	EET ADDRESS	118 NORTH MON				1.3 STREET	ADDRESS						ĺ
CITY	r-st-zip	TALLAHASSEE FL	. 00			1.4 CITY-ST	-ZIP						[ Addition
TITL	E	Р		Ļ	DELETE	2.1 TITLE					□ Ch	ange	Addition
NAM	Æ	SHEBEL, JON L.				2.2 NAME							}
STR	EET ADDRESS	516 NO ADAMS S	ST .			2.3 STREET	ADDRESS						{
CITY	Y-ST-ZIP	TALLAHASSEE FL	·			2. 4 CITY-S	T-ZIP						
TITL	E	VD			DELETE	3.1 TITLE		ļ			☐ Ch	ange	☐ Addition
NAM	Æ.	LANDRUM, HARRY	Y G.			3.2 NAME							
STR	EET ADDRESS	1220 E. PARK AVI	E			3,3 STREET	ADDRESS						
ÇIT	/-ST-ZIP	TALLAHASSEE FL				3.4. CITY-S	T-ZIP						
TITL		TRES			DELETE	4,1 TITLE					CH	ange	☐ Addition
NAM	Æ	BETANCOURT, KA	NTHLEEN A			4, 2 NAME							
STR	EET ADDRESS	4202 EAST FOWL				4,3 STREET	ADDRESS						
	Y-ST-ZIP	TAMPA FL 89	., =			4.4 CFTY-ST	-ZIP						
TITL		D			DELETE	5.1 TITLE		1				ange	Addition
NAA	Æ i	SPEARMAN, GUY	N III			5,2 NAME		-					\ \ \
STR	EET ADDRESS	402 HIFGPOINT D				5.3 STREET	ADDRESS	l					
	(-ST-ZIP	COCOA FL 32923				5.4 CITY-S1	-ZIP	Ì					
TITL		D	17.1		DELETE	6.1 TITLE		<b>—</b>			Cr	ange	☐ Addition
NAA		HOPPING, WADE	ı			6.2 NAME		-					[
		123 SOUTH CALH				6.3 STREET	ADDRESS	1					J
	REET ADDRESS					6.4 CTTY-ST		Į					į
CIT	Y-ST-ZIP	TALLAHASSEE FL	32314	<del></del> -		0.4 011 11-3	-4/1	<u> </u>	140 07(2)() Florido Ctot. to-				

I hereby certify that the information sup-indicated on this annual report or supple officer or director of the corporation or the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatial report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in the composition of the compo

SIGNATURE:

THE OR SHUTTED NAME OF SIGNING OFFICER OR DIRECTOR & CEO

04-30-99

(850)224-7173

Daytime Phone #