

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 8:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P16505 (0)

1. Corporation Name

PRE-PAID LEGAL SERVICES, INC.

Principal Place of Business

**321 E. MAIN STREET
ADA OK 74820**

Mailing Address

**321 E. MAIN STREET
ADA OK 74820**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/23/1987

3a. Date of Last Report

03/28/1994

4. FBI Number

73-1016728

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1608, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **COB**
NAME **STONCIPHER, HARLAND C.**
STREET ADDRESS **ROUTE 1, BOX 39**
CITY-ST-ZIP **CENTRAHOMA OK**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **S**
NAME **WALDEN, KATHRYN**
STREET ADDRESS **905 EAST LINDA**
CITY-ST-ZIP **ADA OK**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VPC**
NAME **PINSON, KATHLEEN SUSAN**
STREET ADDRESS **230 WILLOW POND ROAD**
CITY-ST-ZIP **ADA OK**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **BM**
NAME **WALLS, CHARLES**
STREET ADDRESS **HC 87 BOX 7**
CITY-ST-ZIP **ANTLERS OK**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **CFO**
NAME **HARP, RANDY**
STREET ADDRESS **132 THOMPSON DRIVE**
CITY-ST-ZIP **ADA OK**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **T**
NAME **HARP, RANDY**
STREET ADDRESS **132 THOMPSON DRIVE**
CITY-ST-ZIP **ADA OK**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathleen S. Pinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN S. PINSON

APRIL 19, 1995 405/436-1234

(Date)

(Typed Name)