FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P16505** **(0)**

1. Corporation Name

PRE-PAID LEGAL SERVICES, INC.

Principal Place of Business	Mailing Address
321 E. MAIN STREET ADA OK 74820	321 E. MAIN STREET ADA OK 74820

3. Date Incorporated or Qualified: **10/23/1987**

3a. Date of Last Report: **04/25/1995**

4. FEI 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 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 607.1508, 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 _____ (Signature, Type or Printed Name of New Registered Agent and Title, if Applicable) (If New Registered Agent's Signature Required Above) DATE

12. OFFICERS AND DIRECTORS		
TITLE	COB	☐ DELETE
NAME	STONCIPHER, HARLAND C.	
STREET ADDRESS	ROUTE 1, BOX 39	
CITY-ST-ZIP	CENTRAHOMA OK	
TITLE	S	☐ DELETE
NAME	WALDEN, KATHRYN	
STREET ADDRESS	905 EAST LINDA	
CITY-ST-ZIP	ADA OK	
TITLE	VPC	☐ DELETE
NAME	PINSON, KATHLEEN SUSAN	
STREET ADDRESS	230 WILLOW POND ROAD	
CITY-ST-ZIP	ADA OK	
TITLE	BM	☐ DELETE
NAME	WALLS, CHARLES	
STREET ADDRESS	HC 67 BOX 7	
CITY-ST-ZIP	ANTLERS OK	
TITLE	CFO	☐ DELETE
NAME	HARP, RANDY	
STREET ADDRESS	132 THOMPSON DRIVE	
CITY-ST-ZIP	ADA OK	
TITLE	T	☐ DELETE
NAME	HARP, RANDY	
STREET ADDRESS	132 THOMPSON DRIVE	
CITY-ST-ZIP	ADA OK	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
1.2 NAME	JACK MILDREN	
1.3 STREET ADDRESS	1701 GUILFORD LANE	
1.4 CITY-ST-ZIP	OKLAHOMA CITY, OK 73120	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DIRECTOR	☐ Change ☐ Addition
3.2 NAME	PETER GRUNEBAUM	
3.3 STREET ADDRESS	100 MUCHMORE ROAD	
3.4 CITY-ST-ZIP	HARRISON, NY 10528	
4.1 TITLE	DIRECTOR	☐ Change ☐ Addition
4.2 NAME	CHARLES WALLS	
4.3 STREET ADDRESS	HC 67 BOX 110	
4.4 CITY-ST-ZIP	ANTLERS, OK 74523	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(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 KATHLEEN S. PINSON APRIL 16, 1996 (405) 436-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #