

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 74820-5605**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1987	3a. Date of Last Report 04/23/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 73-1016728	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
				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 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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK MILDREN	1.2 NAME	WILBURN SMITH
STREET ADDRESS	1701 GUILFORD LANE	1.3 STREET ADDRESS	3708 SHADOWRIDGE DR.
CITY-ST-ZIP	OKLAHOMA CITY OK	1.4 CITY-ST-ZIP	NORMAN, OK 73072
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDEN, KATHRYN	2.2 NAME	
STREET ADDRESS	905 EAST LINDA	2.3 STREET ADDRESS	
CITY-ST-ZIP	ADA OK	2.4 CITY-ST-ZIP	
TITLE	VPC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINSON, KATHLEEN SUSAN	3.2 NAME	
STREET ADDRESS	230 WILLOW POND ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ADA OK	3.4 CITY-ST-ZIP	
TITLE	BM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLS, CHARLES	4.2 NAME	
STREET ADDRESS	HC 87 BOX 7	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANTLERS OK	4.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARP, RANDY	5.2 NAME	
STREET ADDRESS	132 THOMPSON DRIVE	5.3 STREET ADDRESS	RT. 2, BOX 89Y
CITY-ST-ZIP	ADA OK	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARP, RANDY	6.2 NAME	
STREET ADDRESS	132 THOMPSON DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ADA OK	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDY HARP APRIL 23, 1997 (405) 436-1234

Date

Daytime Phone #

CR2E034 (9/96)