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

05-04-1999 90018 026 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P16505**

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**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P SMITH; WILBURN**  
STREET ADDRESS **3708 SHADOWRIDGE DR.**  
CITY-ST-ZIP **NORMAN OK**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME **BM WALLS, CHARLES**  
STREET ADDRESS **HC 67 BOX 7**  
CITY-ST-ZIP **ANTLERS OK**

TITLE ☐ DELETE

NAME **CFO HARP, RANDY**  
STREET ADDRESS **RT. 2, BOX 89Y**  
CITY-ST-ZIP **ADA OK**

TITLE ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**\*\* LISTING ATTACHED HERETO!! \*\***

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 607, 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(580) 436-1234

Daytime Phone #

CR2E034 (1/98)

07/20/98

**PRE-PAID LEGAL SERVICES, INC.**

73-1016728

**OFFICERS & DIRECTORS**

475663-90018-26  
P16505

Chairman of the Board, Chief Executive Officer	Harland Cecil Stonecipher Rt. 1, Box 39 Centrahoma, OK 74534	441-40-2505
President and Board Member	Wilburn Smith 809 Hawksbury Park Norman, OK 73072	442-38-7196
Secretary	Kathryn Walden 220 Hunter Drive Ada, OK 74820	440-38-7951
Vice President, Comptroller, Asst. Secretary / Treasurer and Board Member	Kathleen Susan Pinson 301 S. Lazy Lane Ada, OK 74820	448-52-9986
Chief Operating Officer, Chief Financial Officer, Treasurer and Board Member	Randy Harp Rt. 2, Box 89Y Ada, OK 74820	441-62-7756
Board Member	Peter Grunebaum 750 Lexington Avenue 30 <sup>th</sup> Floor New York, NY 10022	096-28-6319
Board Member	Shirley Stonecipher Rt. 1, Box 39 Centrahoma, OK 74534	440-40-6437
Board Member	Dave Savula 4501 Karls-Gate Drive Marietta, GA 30068-2018	286-46-1111
Board Member	John Hail Suite 1210-W 2601 N W Expressway Oklahoma City, OK 73112	299-26-7726
Board Member	Martin H Belsky John Rogers Hall 3120 East 4 <sup>th</sup> Place Tulsa, OK 74104-2499	190-34-4552