FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000026246 (7)**

1. Corporation Name

BBS LEGAL GUIDE, INCORPORATED

Principal Place of Business	Mailing Address
1020 E LAFAYETTE ST STE 206A TALLAHASSEE FL 32301 US	STE 206A ~~SUITE 210 FLORIDA~~ TALLAHASSEE FL 32301 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 04/06/1993	3a. Date of Last Report: 04/27/1994
21	26 1020 E Lafayette St	4. FEI Number: 59-3176728	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 206A	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRISCOE, SCOT F 210 E LAFAYETTE ST STE 206A TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1020 E Lafayette St 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	BRISCOE, SCOTT F	12 NAME	
STREET ADDRESS	1020 E LAFAYETTE ST STE 206A	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	32301
TITLE	C	21 TITLE	☐ Change ☐ Addition
NAME	CLARY WARREN	22 NAME	
STREET ADDRESS	1125 SEMINOLE DR	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	32301
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	SEEBERGER AMY	32 NAME	
STREET ADDRESS	1020 E LAFAYETTE STE 206A	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	32301
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	CLARY E RAY	42 NAME	
STREET ADDRESS	1125 SEMINOLE DR	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	32301
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: Amy Seeberger PRESIDENT 3/30/95 9048777139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0408326 FP