

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000050750 (7)

1. Corporation Name

LMS PARALEGAL SERVICES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 180335
CASSELBERRY FL 32718-0335

P.O. BOX 180335
CASSELBERRY FL 32718-0335

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 101 Sunnytown Rd	26	27	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 Suite 200	27		
City & State	City & State		
23 CASSELBERRY, FL	28		
Zip	Country	Zip	Country
24 32707	25	29	30

3. Date Incorporated or Qualified

07/20/1993

4. FEI Number

01 50-3495075

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHARP, SHERYL L
25800 FISHERMANS RD.
PAISLEY FL 32767

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 *Sheryl Sharp*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/2/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P, V, S, D. <input type="checkbox"/> DELETE	1.1 TITLE	P, S, D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, SHERYL L	1.2 NAME	SHARP, SHERYL L
STREET ADDRESS	25800 FISHERMANS RD.	1.3 STREET ADDRESS	25800 FISHERMANS Rd
CITY-ST-ZIP	PAISLEY FL 32767	1.4 CITY-ST-ZIP	PAISLEY, FL 32767
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP, T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	KEITH SHARP
STREET ADDRESS		2.3 STREET ADDRESS	25800 FISHERMANS Rd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PAISLEY FL 32767
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)