

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

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**May 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P93000058056 (1)**

1. Corporation Name  
**SUPER SPEEDY SUBPOENA SERVICE, INC.**



Principal Place of Business: **2250 WESTWOOD DRIVE LONGWOOD FL 32779**  
Mailing Address: **2250 WESTWOOD DRIVE LONGWOOD FL 32779-4734**

3. Date incorporated or Qualified: **08/16/1993**  
3a. Date of Last Report: **08/12/1996**

2. Principal Place of Business  
21. **101 E CITRUS AVE.**  
22. Suite, Apt. #, etc.  
23. City & State: **ALTAMONTE SPRINGS**  
24. Zip: **FLA**  
25. Country: **SEMINOLE**  
26. Mailing Address: **101 E. CITRUS AVE**  
27. Suite, Apt. #, etc.  
28. City & State: **ALTAMONTE SPRINGS**  
29. Zip: **FLA**  
30. Country: **SEMINOLE**

4. FEI Number: **59-3207827**  
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

**9. Name and Address of Current Registered Agent**

**MANIS, BRENDA  
2250 WESTWOOD DRIVE  
LONGWOOD FL 32779**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MANIS, BRENDA</b>	
STREET ADDRESS	<b>2250 WESTWOOD DRIVE</b>	
CITY - ST - ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MANIS, EVERETTE</b>	
STREET ADDRESS	<b>2250 WESTWOOD DRIVE</b>	
CITY - ST - ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWMAR, WILLIAM D III</b>	
STREET ADDRESS	<b>101 E CITRUS ST</b>	
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>VICE-PRESIDENT/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BRENDA MANIS</b>	
1.3 STREET ADDRESS	<b>2250 WESTWOOD DRIVE</b>	
1.4 CITY - ST - ZIP	<b>LONGWOOD, FLA 32779</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>PRESIDENT/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>WILLIAM D. BOWMAR, III</b>	
3.3 STREET ADDRESS	<b>101 E. CITRUS ST</b>	
3.4 CITY - ST - ZIP	<b>ALTAMONTE SPRINGS, FLA</b>	
4.1 TITLE	<b>CHRISTINA D. BOWMAR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>SECRETARY/TREASURER</b>	
4.3 STREET ADDRESS	<b>101 E. CITRUS ST.</b>	
4.4 CITY - ST - ZIP	<b>ALTAMONTE SPRINGS, FLA.</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: **William D. Bowmar III** Date: **4-25-97** Daytime Phone #: **407-830-1218**  
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)