

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 AUG 10 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000027428 (9)**

1. Corporation Name  
**TRI-COUNTY PARALEGAL SERVICES, INC.**

Principal Place of Business Mailing Address  
1628 SE 6TH ST 1628 SE 6TH ST  
CAPE CORAL FL 33990 CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/07/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0483102</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 196.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1218 Del Prado Blvd</b>	2a. Mailing Address 26 <b>1218 Del Prado Blvd.</b>
Suite, Apt. #, etc. 22 <b>A</b>	Suite, Apt. #, etc. 27 <b>A</b>
City & State 23 <b>Cape Coral, FL</b>	City & State 28 <b>Cape Coral, FL</b>
Zip 24 <b>33990</b>	Country 25 <b>Lee</b>
Zip 29 <b>33990</b>	Country 30 <b>Lee</b>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
<b>SMELSER, HARRY L 1628 SE 6TH ST CAPE CORAL FL 33990</b>				81	Name	
				82	Street Address (P.O. Box Number is Not Acceptable)	
				83		
				84	City	
				<b>FL</b>	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 re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMELSER, HARRY L</b>	1.2 NAME	
STREET ADDRESS	<b>1628 SE 6TH ST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CAPE CORAL FL 33990</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEVELAND, MARK M</b>	2.2 NAME	<b>Delete</b>
STREET ADDRESS	<b>18560 GERANIUM RD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT MYERS FL 33912</b>	2.4 CITY - ST - ZIP	
TITLE		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		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		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		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 do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information stated 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: *Harry L. Smelser* **6/15/95** **944-458-0062**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)