

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90071 045 \*\*\*150.00

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1. Corporation Name

FLORIDA LEGAL INFORMATION INSTITUTE, INC.

Principal Place of Business

435 S. RIDGEWOOD AVE.  
SUITE 200  
DAYTONA BEACH FL 32122

Mailing Address

P.O. BOX 6511  
DAYTON BEACH FL 32122

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/21/1994

4. FEI Number

NOT APPLICABLE

☒ 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

21 220 S. Ridgewood Ave.

Suite, Apt. #, etc.

22 #301

City & State

23 Daytona Bch, FL

Zip

24 32114

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BOEHM, J. RICHARD  
220 SOUTH RIDGEWOOD AVENUE  
#301  
DAYTONA BEACH FL 32114

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 D ☐ DELETE

NAME BOEHM, J. RICHARD  
STREET ADDRESS 220 SOUTH RIDGEWOOD AVENUE #301  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D ☐ DELETE

NAME LEFEVER, EDWARD T  
STREET ADDRESS 1 N.E. 1ST AVE.  
CITY-ST-ZIP OCALA FL 34470

TITLE D ☐ DELETE

NAME SEACREST, WILLIAM A  
STREET ADDRESS 1425 E. PIEDMENT DR., SUITE 201  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ DELETE

NAME FISCHER, RANDY  
STREET ADDRESS 1 N.E. 1ST AVE.  
CITY-ST-ZIP OCALA FL 34470

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

05-48758