

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90176 039 ***150.00

DOCUMENT # P96000052087

1. Corporation Name

PROVIDENCE PARALEGAL SERVICES, INC.

Principal Place of Business

478 PROVIDENCE BLVD.
DELTONA FL 32725

Mailing Address

478 PROVIDENCE BLVD.
DELTONA FL 32725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1996

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 1950 LEE ROAD

Suite, Apt. #, etc.

22 206

City & State

23 WINTER PARK

Zip

24 32789

Country

25 U.S.A

2a. Mailing Address

26 1950 LEE ROAD

Suite, Apt. #, etc.

27 206

City & State

28 WINTER PARK

Zip

29 32789

Country

30 U.S.A

9. Name and Address of Current Registered Agent

BALUHA, GLORIA E
478 PROVIDENCE BLVD.
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name

SAME

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 P ☐ DELETE

NAME BALUHA, GLORIA E
STREET ADDRESS 478 PROVIDENCE BLVD.
CITY-ST-ZIP DELTONA FL 32725

TITLE V ☒ DELETE

NAME BALUHA, JAMES A
STREET ADDRESS 478 PROVIDENCE BLVD.
CITY-ST-ZIP DELTONA FL 32725

TITLE ST ☐ DELETE

NAME BALUHA, GLORIA E
STREET ADDRESS 478 PROVIDENCE BLVD.
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 P ☒ Change ☐ Addition

1.2 NAME BALUHA, GLORIA E.
1.3 STREET ADDRESS 1950 LEE ROAD, STE 206
1.4 CITY-ST-ZIP WINTER PARK, FL. 32789

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME BALUHA GLORIA E.
2.3 STREET ADDRESS 1950 LEE ROAD, STE. 206
2.4 CITY-ST-ZIP WINTER PARK, FL. 32789

3.1 TITLE ST ☒ Change ☐ Addition

3.2 NAME BALUHA GLORIA E.
3.3 STREET ADDRESS 1950 LEE ROAD, STE 206
3.4 CITY-ST-ZIP WINTER PARK, FL. 32789

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

4-25-99

Date

407-740-4003

Daytime Phone #

CR2E034 (11/98)