

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

FILED
May 07 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 # P97000073951 (0)

1. Corporation Name

A & P PARALEGAL SERVICE, INC.

Principal Place of Business

4927 S. ORANGE AVENUE
ORLANDO FL 32806

Mailing Address

4927 S. ORANGE AVENUE
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1997

4. FEI Number

59-3466241

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

2. Principal Place of Business

21 631 E. Oakridge Rd

Suite, Apt. #, etc.

22 City & State

23 Orlando FL

24 Zip

32809

25 Country

Orange

2a. Mailing Address

26 631 E. Oakridge Rd

Suite, Apt. #, etc.

27 City & State

28 Orlando FL

29 Zip

32809

30 Country

Orange

9. Name and Address of Current Registered Agent

PINNER, GEORGINA
4927 S. ORANGE AVENUE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 631 E. Oakridge Rd

84 City

Orlando

FL

85 Zip Code

32809

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Georgina Pinner

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

Georgina Pinner

(NOTE: Registered Agent signature required when reinstating)

4/30/98

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME PST
PINNER, GEORGINA
STREET ADDRESS 4927 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32806

TITLE NAME ☐ DELETE

NAME V
ANDERSON, ADA
STREET ADDRESS 4927 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32806

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☒ Change ☐ Addition

631 E. Oakridge Rd
Orlando FL 32809

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☒ Change ☐ Addition

631 E. Oakridge Rd
Orlando FL 32809

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE

4/30/98

4/30/98

CR2E034 (10/97)