

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  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90131 002 \*\*\*150.00

DOCUMENT # P97000074963

1. Corporation Name  
LEGAL PAD, INC.

Principal Place of Business  
9360 CRAVEN ROAD #1004  
JACKSONVILLE FL 32257

Mailing Address  
P.O. BOX 23122  
JACKSONVILLE FL 32241-3122



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

59-3468629

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 10039 ELMBROOK CIRCLE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

JACKSONVILLE FL

28 City & State

JACKSONVILLE FL

24 Zip

32257

25 Country

29 Zip

32257

30 Country

USA

9. Name and Address of Current Registered Agent

TAYLOR, LISA B  
9360 CRAVEN ROAD #1004  
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

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

10039 ELMBROOK CIRCLE

83

84 City JACKSONVILLE

FL

85 Zip Code 32257

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

*Lisa B. Taylor*

3/12/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TAYLOR, LISA B  
9360 CRAVEN ROAD #1004  
JACKSONVILLE FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
TAYLOR, JAMES L  
9360 CRAVEN ROAD #1004  
JACKSONVILLE FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TAYLOR, JAMES L  
9360 CRAVEN ROAD #1004  
JACKSONVILLE FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 10039 ELMBROOK CIRCLE

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 10039 ELMBROOK CIRCLE

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:

*Lisa B. Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99

DATE

904/880-2743

Daytime Phone #

CR2E034 (11/98)