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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000071945

1. Corporation Name

TRI-COUNTY PARALEGAL SERVICES, INCORPORATED

Principal Place of Business

3911 CEDAR WOOD DR.  
HOLIDAY FL 34691

Mailing Address

3911 CEDAR WOOD DR.  
HOLIDAY FL 34691



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5510 River Road  
Suite, Apt #, etc

22 Suite 109  
City & State

23 New Port Richey, Fl.  
Zip Country

24 34652

25

2a. Mailing Address

26 5510 River Road  
Suite, Apt #, etc

27 Suite 109  
City & State

28 New Port Richey, Fl.  
Zip Country

29 34652

30 USA

9. Name and Address of Current Registered Agent

SORGMAN, FRANCIS M  
3911 CEDAR WOOD DR.  
HOLIDAY FL 34691

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME SORGMAN, FRANCIS M  
STREET ADDRESS 3911 CEDAR WOOD DR.  
CITY-ST-ZIP HOLIDAY FL 34691  
[ ] DELETE

TITLE DST  
NAME SORGMAN, PATRICIA I  
STREET ADDRESS 3911 CEDAR WOOD DR.  
CITY-ST-ZIP HOLIDAY FL 34691  
[ ] 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
[ ] Change [ ] Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
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  
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

7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP  
[ ] Change [ ] Addition

8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 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, with all other like empowered.

SIGNATURE: Francis M. Sorman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99 (72)847-6637  
Date Telephone

0903469

CR2E034 (1/98)