

NOTE: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 20 1997 8:00am
Secretary of State

DOCUMENT # S47163 (8)

1. Corporation Name
FLORIDA ASSOCIATION OF COURT CLERKS SERVICES COR
PORATION

Principal Place of Business
3375 CAPITAL CIRCLE NE
SUITE 1
TALLAHASSEE FL 32308
US

Mailing Address
3375 CAPITAL CIRCLE NE
SUITE 1
TALLAHASSEE FL 32308-1532
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

8. Name and Address of Current Registered Agent

BAGGETT, FRED W.
101 E COLLEGE AVE
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
04/23/1991

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3085706

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 ☐ DELETE
NAME D BRACKIN, NEWMAN C.
STREET ADDRESS P.O. BOX 1265 NA
CITY-ST-ZIP CRESTVIEW FL

TITLE ☐ DELETE
NAME D WADE, KENDALL
STREET ADDRESS 33 MARKET STREET, SUITE 203
CITY-ST-ZIP APALACHICOLA FL

TITLE ☒ DELETE
NAME D BROOKER, L E
STREET ADDRESS 430 S. COMMERCE AVENUE
CITY-ST-ZIP SEBRING FL

TITLE ☐ DELETE
NAME D BARTON, JEFFREY K.
STREET ADDRESS 1840 25TH ST.
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ DELETE
NAME D STILLER, MARSHA G
STREET ADDRESS P.O. BOX 9016 NA
CITY-ST-ZIP STUART FL

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 D Brock, Dwight E.
1.3 STREET ADDRESS P.O. Box 413044 N/A 3301 Tamiami Trail
1.4 CITY-ST-ZIP Naples, FL 33942 41 Bldg L-6

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D Norman, Ray
2.3 STREET ADDRESS P.O. Drawer 88 N/A 945 N. Temple Ave
2.4 CITY-ST-ZIP Starky, FL 32091

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D Ake, Richard
3.3 STREET ADDRESS P.O. Box 1110 N/A 419 Pierce St. Rm. 114
3.4 CITY-ST-ZIP Tampa, FL 33601

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D McKoy, Douglas M.
4.3 STREET ADDRESS 1 Court Street
4.4 CITY-ST-ZIP Bronson, FL 32621

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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, 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

[Signature]

3/24/97

BK dep 165.00

DLW 5-20-97

CR2E034 (9/96)