

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

\$15

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90082 021 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S47163**

1. Corporation Name

**FLORIDA ASSOCIATION OF COURT CLERKS SERVICES CORPORATION**

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  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/23/1991

4. FEI Number

59-085706

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

9. Name and Address of Current Registered Agent

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

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

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

TITLE D  
NAME BROCK, DWIGHT E  
STREET ADDRESS 3301 TAMiami TRAIL BLDG L-6  
CITY-ST-ZIP NAPLES FL 33941

TITLE D  
NAME BARTON, JEFFREY K.  
STREET ADDRESS 1840 25TH ST. 2000 16th Avenue  
CITY-ST-ZIP VERO BEACH FL 32961-1038

TITLE D  
NAME AKE, RICHARD  
STREET ADDRESS 419 PIERCE ST, ROOM 114  
CITY-ST-ZIP TAMPA FL 33601

TITLE D  
NAME NORMAN, RAY  
STREET ADDRESS 945 N TEMPLE AVE  
CITY-ST-ZIP STARKE FL 32091

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Christina Pratt  
1.3 STREET ADDRESS P.O. Box 1760  
1.4 CITY-ST-ZIP LaBelle, FL 33935-1760

2.1 TITLE D  
2.2 NAME Douglas H. McKay  
2.3 STREET ADDRESS 1 Court Street  
2.4 CITY-ST-ZIP Bronson, FL 32621

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

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

6.1 TITLE  
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(2)(i), Florida Statutes. I further certify that the information indicates 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 507, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

561 770 5185

Daytime Phone #

Ext 160

CR2E034 (11/98)