

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V08028

(5)

1. Corporation Name

EXPERT LEGAL DRAFTERS, INC.

Principal Place of Business

1140-BROOKWOOD RD.
JACKSONVILLE FL 32207

Mailing Address

1140-BROOKWOOD RD.
JACKSONVILLE FL 32207-4214

2. Principal Place of Business

21 3918 Alhambra Drive West
Suite, Apt. #, etc.

22

City & State

23 Jacksonville FL

Zip

24 32207

Country

25 Duval

2a. Mailing Address

26 3918 Alhambra Drive West
Suite, Apt. #, etc.

27

City & State

28 Jacksonville FL

Zip

29 32207

Country

30 Duval

8. Name and Address of Current Registered Agent

WHITMIRE, ROBERT L
1140-BROOKWOOD RD.
JACKSONVILLE FL 32207

change of address
only

3. Date Incorporated or Qualified

01/16/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3112252

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 3918 Alhambra Drive West

84

City

Jacksonville

FL

85 Zip Code

32207

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

D
NAME WHITMIRE, ROBERT L
STREET ADDRESS 1140-BROOKWOOD RD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Whitmore, Robert L.
3918 Alhambra Drive West
Jacksonville FL 32207

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP

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

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

400002119634
-03/20/97-01120-002
***165.00

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. 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

3-13-97

(904) 34-3429

CR2E034 (9/96)