

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JAN 30 AM 9:18**

**DOCUMENT # 760798 (9)**  
1. Corporation Name  
**FLORIDA LAWYERS SUPPORT SERVICES, INC.**

Principal Place of Business Mailing Address  
**1408 CAPITAL CIRCLE NE. BLDG. F  
POST OFFICE BOX 5647  
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/24/1981</b>	3a. Date of Last Report <b>01/28/1994</b>
4. FEI Number <b>59-2158852</b>	Applied For: Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent

**JONES, JOHN ARTHUR  
400 N. ASHLEY, Suite 2300  
TAMPA FL 33601**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>400 North Ashley, Suite 2300</b>
83 City	<b>Tampa, FL</b>
84 State	<b>FL</b>
85 Zip Code	<b>33602</b>

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	<b>P</b>
NAME	<b>ISPHORDING, ROGER O.</b>
STREET ADDRESS	<b>333 S. TAMiami TRAIL</b>
CITY-ST-ZIP	<b>VENICE FL</b>
TITLE	<b>D</b>
NAME	<b>JONES, JOHN ARTHUR</b>
STREET ADDRESS	<b>400 N. ASHLEY</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>VD</b>
NAME	<b>ALTMAN, JAMES J.</b>
STREET ADDRESS	<b>200 W. MAIN STREET</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<b>D</b>
NAME	<b>EDWARD F. KOREN, ESQ.</b>
STREET ADDRESS	<b>92 LAKE WIRE DRIVE</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>D</b>
NAME	<b>JOHN G. GRIMSLEY E</b>
STREET ADDRESS	<b>50 N. LAURA ST. STE. 3400</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>SHERMAN, WILLIAM E.</b>
STREET ADDRESS	<b>145 E. RICH AVENUE</b>
CITY-ST-ZIP	<b>DELAND FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>400 North Ashley, Suite 2300</b>
2.4 CITY-ST-ZIP	<b>Tampa, FL 33602</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Arthur Jones* **1/24/95** **813/227-8500**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Please)