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FILED
Jan 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 760798 (9)

1. Corporation Name

FLORIDA LAWYERS SUPPORT SERVICES, INC.



Principal Place of Business

Mailing Address

FORT KNOX WAREHOUSE
1408 CAPITAL CIRCLE NE. BLDG. F
TALLAHASSEE FL 32308
US

P.O. BOX 5647
TALLAHASSEE FL 32314-5647
US

3. Date Incorporated or Qualified
11/24/1981

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2158852

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, JOHN ARTHUR
400 N. ASHLEY
SUITE 2300
TAMPA FL 33602

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME ISPHORDING, ROGER O.
STREET ADDRESS 333 S. TAMiami TRAIL
CITY-ST-ZIP VENICE FL

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

TITLE D DELETE
NAME JONES, JOHN ARTHUR
STREET ADDRESS 400 NORTH ASHLEY, SUITE 2300
CITY-ST-ZIP TAMPA FL

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

TITLE VD DELETE
NAME ALTMAN, JAMES J.
STREET ADDRESS 5628 MAIN STREET
CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE D DELETE
NAME EDWARD F. KOREN, ESQ.
STREET ADDRESS 92 LAKE WIRE DRIVE
CITY-ST-ZIP LAKELAND FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME JOHN G. GRIMSLEY E
STREET ADDRESS 50 N. LAURA ST. STE. 3400
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME SHERMAN, WILLIAM E.
STREET ADDRESS 145 E. RICH AVENUE
CITY-ST-ZIP DELAND FL

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. 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 617, 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
John Arthur Jones

1-13-97

813/227-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0008561

CR2E037 (9/96)