

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760798 (9)**  
1. Corporation Name  
**FLORIDA LAWYERS SUPPORT SERVICES, INC.**



Principal Place of Business <b>FORT KNOX WAREHOUSE 1408 CAPITAL CIRCLE NE. BLDG. F TALLAHASSEE FL 32308 US</b>	Mailing Address <b>P.O. BOX 5647 TALLAHASSEE FL 32314 US</b>
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3. Date Incorporated or Qualified <b>11/24/1981</b>	
4. FEI Number <b>59-2158852</b>	Applied For <input type="checkbox"/> Not Applicable

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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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
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> <input type="checkbox"/> DELETE
NAME	<b>JONES, JOHN ARTHUR</b>
STREET ADDRESS	<b>400 NORTH ASHLEY, SUITE 2300</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>ALTMAN, JAMES J.</b>
STREET ADDRESS	<b>5628 MAIN STREET</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
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> <input type="checkbox"/> DELETE
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> <input type="checkbox"/> DELETE
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	
2.4 CITY-ST-ZIP	
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 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, 1/27/98 813/227-8500  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0000541

CRZE037 (10/97)