## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 760798**

FLORIDA LAWYERS SUPPORT SERVICES, INC.

Principal Place of Business Mailing Address								
FORT KNOX V		P.O. BOX 5647			) <b>(88</b>     188			
	. CIRCLE NE. BLDG. F	TALLAHASSEE FL 32314						
TALLAHASSEE US	FL 32308	US			I INCIDI IONIO DELLE CONTRACTO INCEN	(BEBE IRÎN BERNI A	ian afair atan aid	in eien ieër
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23		28			5. Certifcate of Status Desired		Fee Re	
Zip	Country	Zip	Coun	try	6. Election Campaign Financir		\$5.00	· —
24	25		30	•	Trust Fund Contribution	'9 🗆	Added to	•
	9. Name and Address of Current		<u> </u>		10. Name and Address of New	w Registered		
			1	81 Name				
JONES	OHN ARTHUR		١.	B2 Street Ad	ddraen (D.O. Bey Nymher is Net Asse	-table)		
400 N. AS	A Company of the Comp			July Street At	ddress (P.O. Box Number is Not Acce	(Piania		
			1	83				
SHITE 23	00						<del> </del>	
SUITE 230 TAMPA FI	33602						85   Zip C	Code
Suite 230 Tampa Fi	L 33602			B4 City		. Fl	_  65  250	
TAMPA FI	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s. the abo	ove-named co	orporation submits this statement for t	he purpose o	f changing its	registered
TAMPA FI	to the provisions of Sections 617.0502 registered agent, or both, in the State of	f Florida. Such change was au	s, the about	ove-named co	ation's board of directors. I hereby ac	he purpose o	f changing its	registered
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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 of 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 changest or on an attachment with an address with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SHERMAN, WILLIAM E.

145 E RICH AVENUE

**DELAND FL** 

815-227-6661

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90046 030 \*\*\*\*61.25