

DOCUMENT # 760798

1. Entity Name

FLORIDA LAWYERS SUPPORT SERVICES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-13-2000 90061 048 ****61.25

Principal Place of Business: **FORT KNOX WAREHOUSE
 1408 CAPITAL CIRCLE NE. BLDG. F
 TALLAHASSEE FL 32308
 US**

Mailing Address: **P.O. BOX 5647
 TALLAHASSEE FL 32314-5647
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. **1406 Capital Circle NE.**
 City & State: **Tallahassee FL**

3. Mailing Address: Suite, Apt. #, etc. **Bldg A**
 City & State: **Tallahassee FL**

4. FEI Number: **59-2158852**

Applied For:
 Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name: **Roland D. Waller**
 Street Address (P.O. Box Numbers Not Acceptable): **5332 MAIN STREET**
 City & State: **NEW PORT RICHEY FL 34652**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *[Signature]* DATE: **4-1-00**

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

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

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P	NAME: ISPORDING, ROGER O.	STREET ADDRESS: 333 S. TAMAMI TRAIL	CITY-ST-ZIP: VENICE FL	<input type="checkbox"/> Delete
TITLE: D	NAME: JONES, JOHN ARTHUR	STREET ADDRESS: 400 NORTH ASHLEY, SUITE 2300	CITY-ST-ZIP: TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE: VD	NAME: ALTMAN, JAMES J.	STREET ADDRESS: 5628 MAIN STREET	CITY-ST-ZIP: NEW PORT RICHEY FL	<input checked="" type="checkbox"/> Delete
TITLE: D	NAME: EDWARD F. KOREN, ESQ.	STREET ADDRESS: 92 LAKE WIRE DRIVE	CITY-ST-ZIP: LAKELAND FL	<input type="checkbox"/> Delete
TITLE: D	NAME: JOHN G. GRIMSLEY	STREET ADDRESS: 50 N. LAURA ST. STE. 3400	CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE: D	NAME: SHERMAN, WILLIAM E.	STREET ADDRESS: 145 E. RICH AVENUE	CITY-ST-ZIP: DELAND FL	<input type="checkbox"/> Delete

TITLE: D	NAME: Roland D. Waller	STREET ADDRESS: 5332 Main Street	CITY-ST-ZIP: New Port Richey, FL - 34652-2509	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	NAME: DAVID C. BRENNAN	STREET ADDRESS:	CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: John G. Grimsley	STREET ADDRESS: "E" Remove	CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **3-7-00** DAYTIME PHONE #: **727/847-2288**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)