

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

7. Name and Address of New Registered Agent  
 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	
TITLE: <b>P</b>	<input type="checkbox"/> Delete
NAME: <b>ISPORDING, ROGER O.</b>	
STREET ADDRESS: <b>333 S. TAMAMI TRAIL</b>	
CITY-ST-ZIP: <b>VENICE FL</b>	
TITLE: <b>D</b>	<input checked="" 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 checked="" 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</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>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Roland D. Waller</b>	
STREET ADDRESS: <b>5332 Main Street</b>	
CITY-ST-ZIP: <b>New Port Richey, FL - 34652-2509</b>	
TITLE: <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DAVID C. BRENNAN</b>	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>John G. Grimsley</b>	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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)