

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 21 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S23035 (6)**

1. Corporation Name
EMPLOYER LEASING SUPPORT SERVICES, INC.

Principal Place of Business: **C/O JIMMY G. JONES POST OFFICE BOX 2123 ORANGE PARK FL 32067-9123**

Mailing Address: **C/O JIMMY G. JONES POST OFFICE BOX 2123 ORANGE PARK FL 32067-9123**

OTIS L. WALTON **OTIS L. WALTON**

21	2. Principal Place of Business C/O INSURAMERICA	26	2a. Mailing Address C/O INSURAMERICA
22	Suite, Apt. #, etc. 234 RIVERSIDE AVE.	27	Suite, Apt. #, etc. 234 RIVERSIDE AVE.
23	City & State JACKSONVILLE, FL	28	City & State JACKSONVILLE, FL
24	Zip 32202	29	Zip 32202
25	Country FLORIDA	30	Country FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/03/1991**

3a. Date of Last Report: **06/22/1994**

4. FEI Number: **59-3050880**

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

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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**JONES, JIMMY G.
2591 SCOUTRIDGE COURT
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

81 Name: **OTIS L. WALTON**

82 Street Address (P.O. Box Number is Not Acceptable): **290 G-LENEAGLES DR**

84 City: **ORANGE PARK FL** 85 Zip Code: **32073**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0509, Florida Statutes.

SIGNATURE: *OTIS L. WALTON* DATE: **4/18/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JIMMY G.	1.2 NAME	
STREET ADDRESS	2591 SCOUTRIDGE COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL	1.4 CITY - ST - ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, KEITH C.	2.2 NAME	
STREET ADDRESS	12040 HIDDEN HILLS DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, OTIS L.	3.2 NAME	
STREET ADDRESS	290 GLENEAGLES DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *OTIS L. WALTON* DATE: **4/18/95** TELEPHONE: **404-356-8585**