

FILED  
Mar 12 1997 8:00am  
Secretary of State



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

**DOCUMENT # P97000001084 (7)**  
1. Corporation Name  
**DON QUINN DOCUMENT CONSULTATION SERVICE, INC.**

Principal Place of Business 9951 ATLANTIC BLVD SUITE 242 JACKSONVILLE FL 32225		Mailing Address 8951 ATLANTIC BLVD SUITE 242 JACKSONVILLE FL 32225-6546	
2. Principal Place of Business		2a. Mailing Address	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29 30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
QUINN, DON 9951 ATLANTIC BLVD SUITE 242 JACKSONVILLE FL 32225		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	
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 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	PD QUINN, DON	1.2 NAME	
CITY-ST-ZIP	9951 ATLANTIC BLVD STE 242 JACKSONVILLE FL 32225	1.3 STREET ADDRESS	
TITLE	DELETE	1.4 CITY-ST-ZIP	
NAME		2.1 TITLE	Change Addition
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
TITLE	DELETE	2.4 CITY-ST-ZIP	
NAME		3.1 TITLE	Change Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE	DELETE	3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	Change Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	DELETE	4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	Change Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	Change Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna M. Rison 03/07/97 904-724-5828

CH2E034 (9/96)