

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

**APPROVED AND FILED**

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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 Mailing Address

~~C/O JIMMY G. JONES  
POST OFFICE BOX 2123  
ORANGE PARK FL 32067-9123~~

~~C/O JIMMY G. JONES  
POST OFFICE BOX 2123  
ORANGE PARK FL 32067-9123~~

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

DO NOT WRITE IN THIS SPACE

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<b>01/03/1991</b>		<b>06/22/1994</b>
4.	FEI Number	Applied For	
	<b>59-3050880</b>	<input type="checkbox"/> Net Applicable	
5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<b>OTIS L. WALTON</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>290 G-LENEAGLES DR</b>
83	City	<b>ORANGE PARK FL</b>
84	Zip Code	<b>32073</b>

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

TITLE	<b>DVR</b>
NAME	<del>JONES, JIMMY G.</del>
STREET ADDRESS	<del>2591 SCOUTRIDGE COURT</del>
CITY - ST - ZIP	<del>ORANGE PARK FL</del>
TITLE	<b>DS</b>
NAME	<b>GRAVES, KEITH C.</b>
STREET ADDRESS	<b>12040 HIDDEN HILLS DR.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>DP</b>
NAME	<b>WALTON, OTIS L.</b>
STREET ADDRESS	<b>290 GLENEAGLES DR.</b>
CITY - ST - ZIP	<b>ORANGE PARK FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY - ST - ZIP	
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY - ST - ZIP	
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY - ST - ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY - ST - ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY - ST - ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
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**