SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 5:19

DOCUMENT # **306167** **(8)**

1. Corporation Name
CAREERS INCORPORATED

Principal Place of Business
1211 10TH ST S.W.
LARGO FL 34640

Mailing Address
1211 10TH ST S.W.
LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1966
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1203496 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
GIBSON, LORI
12400 CHICKASAW TRAIL
LARGO FL 34640

10. Name and Address of New Registered Agent
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: LORI GIBSON — 6/15/95
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE		☒ Change ☐ Addition
NAME	HEISNER, HAROLD JR	1.2 NAME		
STREET ADDRESS	~~813 3RD AVE, N.W.~~	1.3 STREET ADDRESS	1213 10th ST. SW	
CITY · ST · ZIP	LARGO FL	1.4 CITY · ST · ZIP		
TITLE	SVP	2.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	PURINTON, ROBERT A.	2.2 NAME	TAMARA GEISLER	
STREET ADDRESS	1220 - 10TH STREET, SW	2.3 STREET ADDRESS	1036 10TH ST SW	
CITY · ST · ZIP	LARGO FL	2.4 CITY · ST · ZIP	LARGO FL 34640	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	CAPPO, NANCY	3.2 NAME		
STREET ADDRESS	9511 ANTILLES DR	3.3 STREET ADDRESS		
CITY · ST · ZIP	LARGO FL	3.4 CITY · ST · ZIP		
TITLE	P	4.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	HANDVILLE,JANE E.	4.2 NAME		
STREET ADDRESS	1213 10TH STREET, SW	4.3 STREET ADDRESS		
CITY · ST · ZIP	LARGO FL	4.4 CITY · ST · ZIP		
TITLE		5.1 TITLE	PRESIDENT	☒ Change ☒ Addition
NAME		5.2 NAME	LORI GIBSON	
STREET ADDRESS		5.3 STREET ADDRESS	12400 CHICKASAW TRAIL	
CITY · ST · ZIP		5.4 CITY · ST · ZIP	LARGO FL 34640	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY · ST · ZIP		6.4 CITY · ST · ZIP		

CR2E034 (3/95)

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: Harold G. Heisner Jr. — HAROLD HEISNER, JR. — 6/6/95 — (813) 584-7333
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100320 FP