

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Jan 26 1996 8:00 am

Secretary of State

DOCUMENT # 643124 (1)

1. Corporation Name

CAREER CENTER INCORPORATED

Principal Place of Business

1031 N.W. 6TH ST., SUITE E
GAINESVILLE FL 32601

Mailing Address

1031 N.W. 6TH ST., SUITE E
GAINESVILLE FL 32601

2. Principal Place of Business

21 802 NW 16th Ave

22 State Apt. #, etc

23 Gainesville, FL

24 32601

25 USA

2a. Mailing Address

26 802 NW 16 Ave

27 State Apt. #, etc

28 Gainesville, FL

29 32601

30 USA

3. Date Incorporated or Qualified

10/29/1979

3a. Date of Last Report

12/29/1994

4. FEI Number

59-2024713

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

BUCHANAN, CAROLYNN
1031 N.W. 6TH STREET, SUITE E
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name BUCHANAN, CAROLYNN
82 Street Address (P.O. Box Number is Not Acceptable)
802 NW 16th Ave.
83 Suite B
84 City Gainesville FL 85 Zip Code 32601

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 officer 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

Carolyn Buchanan, PRES

1/17/96

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	☐ DELETE
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change	☐ Addition
1. 1. TITLE	☐	☐
2. 2. NAME	☐	☐
3. 3. STREET ADDRESS	☐	☐
4. 4. CITY, ST, ZIP	☐	☐
5. 5. TITLE	☐	☐
6. 6. NAME	☐	☐
7. 7. STREET ADDRESS	☐	☐
8. 8. CITY, ST, ZIP	☐	☐
9. 9. TITLE	☐	☐
10. 10. NAME	☐	☐
11. 11. STREET ADDRESS	☐	☐
12. 12. CITY, ST, ZIP	☐	☐
13. 13. TITLE	☐	☐
14. 14. NAME	☐	☐
15. 15. STREET ADDRESS	☐	☐
16. 16. 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:

Carolyn Buchanan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96(352)378-2300

Date

Expiring Phone #

CR2E034 (12/95)