FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
'95 MAR -7 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J93078 (0)

1. Corporation Name
I-9 CORP.

Principal Place of Business	Mailing Address
8500 ORANGE AVE EST P O BOX 1442 FT. PIERCE FL 34954	8500 ORANGE AVE EST P O BOX 1442 FT. PIERCE FL 34954

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1987
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2850830 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FOWLER, MICHAEL D.
1905 SOUTH 25TH STREET
FT. PIERCE FL 34947

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BECKLEY, JAMES M.	1.2 NAME	Same	
STREET ADDRESS	901 PAINTED BUNTING LN	1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	DEMPSEY, DAN	2.2 NAME	Same	
STREET ADDRESS	2627 S JENKINS RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, JAMES HENRY	3.2 NAME		
STREET ADDRESS	2704 AVE R	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	Same	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SHAW, JERRY	4.2 NAME	Dennis Noelke	
STREET ADDRESS	1934 WYOMING AVE	4.3 STREET ADDRESS	1300 Hartman Rd	
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP	Ft Pierce, FL 34950	
TITLE	D	5.1 TITLE	President	☒ Change ☐ Addition
NAME	GORDY, JAMES R.	5.2 NAME	James Gordy	
STREET ADDRESS	500 PULITZER ROAD	5.3 STREET ADDRESS	500 Pulitzer Rd	
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	Ft Pierce, FL 34945	
TITLE	P	6.1 TITLE	D	☒ Change ☐ Addition
NAME	ANDREWS, JAMES M.	6.2 NAME	Bob Varn	
STREET ADDRESS	993 LONGFELLOW ROAD	6.3 STREET ADDRESS	1604 Coronado	
CITY-ST-ZIP	PORT ST. LUCIE FL	6.4 CITY-ST-ZIP	Ft Pierce, FL 34982	

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)(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: J.P. Donlon 2/16/95 (407) 468-0730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0383028 CP