FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **09/21/1987**
3a. Date of Last Report: **03/07/1995**

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: **59-2850830** ☐ 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

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: (Signature, type or printed name of registered agent and title, if applicable) (Public Subchapter Agent Signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BECKLEY, JAMES M.		1.2 NAME		
STREET ADDRESS	901 PAINTED BUNTING LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DEMPSEY, DAN		2.2 NAME		
STREET ADDRESS	2627 S JENKINS RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NOELKE, DENNIS		4.2 NAME		
STREET ADDRESS	1300 HARTMAN ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GORDY, JAMES		5.2 NAME		
STREET ADDRESS	500 PULITZER RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VARN, BOB		6.2 NAME		
STREET ADDRESS	1604 CORONADO		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		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: J. Gordy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/96
Date

407-468-0730
Daytime Phone #

CR2E034 (12/95)