

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

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**95 APR 27 PM 3:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # L86143 (9)**

**1. Corporation Name  
ELITE PERSONNEL SERVICE, INC.**

DO NOT WRITE IN THIS SPACE.

**Principal Place of Business Mailing Address  
C/O ROLLAND F. REED C/O ROLLAND F. REED  
5549 EL CERRO DRIVE 5549 EL CERRO DRIVE  
NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655**

**3. Date Incorporated or Qualified 07/05/1990 3a. Date of Last Report 04/21/1994**

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>4. FEI Number</b>		<b>Applied For</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		36-3074615		<input type="checkbox"/> Not Applicable	
<b>22. City &amp; State</b>		<b>27. City &amp; State</b>		<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		<b>6. Election Campaign Financing Trust Fund Contribution</b>		<input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>24. Zip</b>		<b>25. Country</b>		<b>29. Zip</b>		<b>30. Country</b>	
24 Zip		25 Country		29 Zip		30 Country	
<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>			
<b>REED, ROLLAND F. 5549 EL CERRO DRIVE NEW PORT RICHEY FL 34655</b>				<b>01. Name</b>			
				<b>02. Street Address (P.O. Box Number is Not Acceptable)</b>			
				<b>03.</b>			
				<b>04. City</b>			
				<b>FL</b>		<b>05. Zip Code</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 607.0505, Florida Statutes.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when existing) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>PTD</b>	<b>1. TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>REED, ROLLAND F.</b>	<b>2. NAME</b>	
<b>STREET ADDRESS</b>	<b>5549 EL CERRO DRIVE</b>	<b>3. STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>NEW PORT RICHEY FL</b>	<b>4. CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>VSD</b>	<b>21. TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>REED, M. CAROLYN</b>	<b>22. NAME</b>	
<b>STREET ADDRESS</b>	<b>5549 EL CERRO DRIVE</b>	<b>23. STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>NEW PORT RICHEY FL</b>	<b>24. CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>31. TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>32. NAME</b>	
<b>STREET ADDRESS</b>		<b>33. STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>34. CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>41. TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>42. NAME</b>	
<b>STREET ADDRESS</b>		<b>43. STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>44. CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>51. TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>52. NAME</b>	
<b>STREET ADDRESS</b>		<b>53. STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>54. CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>61. TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>62. NAME</b>	
<b>STREET ADDRESS</b>		<b>63. STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>64. CITY - ST - ZIP</b>	

**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 110.07(3)(b), 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: Rolland F. Reed ROLLAND F. REED 4/24/95 813/376-4545**  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR Date Expires Here