FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16510 (2)

1. Corporation Name
EMPLOYABILITIES, INC.

Principal Place of Business	Mailing Address
2735 WHITNEY ROAD CLEARWATER FL 34620	2735 WHITNEY ROAD CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1986
3a. Date of Last Report: 07/15/1994
4. FEI Number: 59-2710084 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SOROTA AND ZSCHAU , P.A.
28050 US HIGHWAY 19 N.
SUITE 501
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name: JOSEPH J. SOROTA P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 2&100 U.S. 19 N. #504
83
84 City: CLEARWATER, FL 85 Zip Code: 34621

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: change in location only — 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	11 TITLE	☐ Change ☐ Addition
NAME	SOROTA, JOSEPH J. JR.	12 NAME	
STREET ADDRESS	2201 PADDOCK CIRCLE	13 STREET ADDRESS	400001481204
CITY-ST-ZIP	DUNEDIN FL	14 CITY-ST-ZIP	-05/09/95--01104--018
TITLE	D	21 TITLE	*****61.25 ☐ Change ☐ Addition
NAME	BOWMAN, GERALD J.	22 NAME	
STREET ADDRESS	10846 97TH STREET N.	23 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	HOFMEISTER, MAX	32 NAME	Delete
STREET ADDRESS	1201 BAYSHORE DR., N.	33 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	TITUS, GARY S.	42 NAME	
STREET ADDRESS	2023-C S. CAROLINA AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	SANDONATO, WILLIAM JR.	52 NAME	
STREET ADDRESS	1856 BARCELONA DR.	53 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary Titus, Secretary, GARY TITUS 3/24/94 813-538-7370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060384