

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION  
ANNUAL REPORT  
1995FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 21 AM 8:07

DOCUMENT # P93000007150 (4)

1. Corporation Name

TALENT DEVELOPMENT, INC.

Principal Place of Business

6836 PHILLIPS PARKWAY DR. S.  
JACKSONVILLE FL 32256

Mailing Address

6836 PHILLIPS PARKWAY DR. S.  
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1993

3a. Date of Last Report

06/15/1994

4. FEI Number

59-3167262

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City &amp; State

23

24. Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City &amp; State

28

29. Zip

30

Country

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

9. Name and Address of Current Registered Agent

HAND, JACK G JR.  
200 W. FORSYTH ST.  
SUITE 1020  
JACKSONVILLE FL 32202

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 the # applicable)

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T  
ENDERSON, RODNEY K  
6836 PHILLIPS HWY. DR. SOUTH  
JACKSONVILLE FL 32256

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T  
JOHNSON, ROBERT J  
6836 PHILLIPS HWY. DR. SOUTH  
JACKSONVILLE FL 32256

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T  
HENDREN, ROBERT E III  
6836 PHILLIPS HWY. DR. SOUTH  
JACKSONVILLE FL 32256

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T  
BORDEN, BENJAMIN P  
6836 PHILLIPS PARKWAY DR. S.  
JACKSONVILLE FL 32256

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change☐ Addition

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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ben P. Borden  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR6/14/95 260-4107  
DATE