

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

APPROVED  
AND  
FILED

95 APR 25 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000048822 (8)**

1. Corporation Name  
**D.P. HUMAN RESOURCES, INC.**

Principal Place of Business

Mailing Address

550 NORTH REO ST.  
SUITE 300  
TAMPA FL 33609-1013

550 NORTH REO ST.  
SUITE 300  
TAMPA FL 33609-1013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/30/1994** 3a. Date of Last Report

4. FEI Number **59-3252527** 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

2. Principal Place of Business

2a. Mailing Address

21 **5024 PALOMA DR.**

26 **5024 PALOMA DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **TAMPA, FL**

28 **TAMPA, FL**

24 Zip **33624-4344** Country **USA**

29 Zip **33624-4344** Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLY, PETER J**  
**501 E. KENNEDY BLVD.**  
**SUITE 1400**  
**TAMPA FL 33602**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **GRAHAM, GREGORY E**  
STREET ADDRESS **550 NORTH REO ST., SUITE 300**  
CITY-ST-ZIP **TAMPA FL 33609-1013**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **5024 PALOMA DR.**  
1.4 CITY-ST-ZIP **TAMPA, FL 33624-4344**

TITLE **D**  
NAME **GRAHAM, SUE K**  
STREET ADDRESS **550 NORTH REO ST., SUITE 300**  
CITY-ST-ZIP **TAMPA FL 33609-1013**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS **5024 PALOMA DR.**  
2.4 CITY-ST-ZIP **TAMPA, FL 33624-4344**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gregory E. Graham **GREGORY E. GRAHAM** 4/1/95 (813)-269-0674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Area Number