

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 # P94000048822 (8)

1. Corporation Name

D.P. HUMAN RESOURCES, INC.



Principal Place of Business

Mailing Address

5024 PALOMA DR.
SUITE 300
TAMPA FL 33624-4344
US

5024 PALOMA DR.
SUITE 300
TAMPA FL 33624-4344
US

3. Date Incorporated or Qualified
06/30/1994

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **5024 PALOMA DR.**

26 **5024 PALOMA DR.**

4. FCI Number

59-3252527

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23 **TAMPA FL**

28 **TAMPA FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

Zip

Country

24 **33624-4344**

25 **US**

Zip

Country

29 **33624-4344**

30 **US**

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**

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 typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
D	GRAHAM, GREGORY E	5024 PALOMA DR.	TAMPA FL	<input checked="" type="checkbox"/>
D	GRAHAM, SUE K	5024 PALOMA DR.	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D/P	Sue K. Graham, CPC	5024 Paloma Dr.	TAMPA, FL 33624-4344	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: **SUE K. GRAHAM, CPC** *Sue K. Graham, CPC* 5-30-96 813-269-0495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)