

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 15, 2009
Secretary of State**

DOCUMENT# P97000018934

Entity Name: GEVITY HR, INC.

Current Principal Place of Business:

515 E. PARK AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

9000 TOWN CENTER PARKWAY
BRADENTON, FL 34202

Current Mailing Address:

515 E. PARK AVENUE
TALLAHASSEE, FL 32301

New Mailing Address:

9000 TOWN CENTER PARKWAY
BRADENTON, FL 34202

FEI Number: 65-0735612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: WELSH, GARY
Address: 9000 TOWN CENTER PKWY
City-St-Zip: BRADENTON, FL 34202

Title: CAO () Delete
Name: SLADNICK, CLIFF
Address: 9000 TOWN CENTER PKWY
City-St-Zip: BRADENTON, FL 34202

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: GOLDFIELD, BURTON
Address: 9000 TOWN CENTER PARKWAY
City-St-Zip: BRADENTON, FL 34202

Title: CFO (X) Change () Addition
Name: DEVLIN, DOUGLAS P
Address: 9000 TOWN CENTER PARKWAY
City-St-Zip: BRADENTON, FL 34202

Title: SECY () Change (X) Addition
Name: HAMMOND, GREGORY L
Address: 9000 TOWN CENTER PARKWAY
City-St-Zip: BRADENTON, FL 34202

Title: VP () Change (X) Addition
Name: CARLSON, STEVE
Address: 9000 TOWN CENTER PARKWAY
City-St-Zip: BRADENTON, FL 34202

Title: VP () Change (X) Addition
Name: DEWITT, LYLE
Address: 9000 TOWN CENTER PARKWAY
City-St-Zip: BRADENTON, FL 34202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS P. DEVLIN

CFO

06/15/2009

Electronic Signature of Signing Officer or Director

Date