

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 # **S83267** (2)

1. Corporation Name

**FLORIDA LABOR SERVICES, INC.**



Principal Place of Business

Mailing Address

**1469 N. MAGNOLIA, #K  
OCALA FL 34478  
US**

**P. O. BOX 4818  
OCALA FL 34478  
US**

3. Date Incorporated or Qualified

**09/26/1991**

3a. Date of Last Report

**02/21/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZATKO, JOSEPH A.  
1469 N. MAGNOLIA  
OCALA FL 32670**

81 Name

**L. GUERRY DOBBINS, JR.,**

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

**601 E. Lime Street**

83

84 City

**Lakeland**

**FL**

85 Zip Code

**33802**

11. Pursuant to the provisions of Sections 607.0509 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

**L. GUERRY DOBBINS, JR., Director 1-24-96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DIR P** ☐ DELETE

NAME **ZATKO, JOSEPH A.**  
STREET ADDRESS **1469 N. MAGNOLIA**  
CITY-STATE-ZIP **OCALA FL 34470**

TITLE **ST** ☐ DELETE

NAME **ZATKO, JOSEPH A.**  
STREET ADDRESS **1469 N. MAGOLIA**  
CITY-STATE-ZIP **OCALA FL 34470**

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

**Director** ☒ Change ☐ Addition

1.2 NAME

**L. GUERRY DOBBINS, JR.,**

1.3 STREET ADDRESS

**P. O. Box 851**

1.4 CITY-STATE-ZIP

**Lakeland, FL 33802**

2.1 TITLE

**Director** ☒ Change ☐ Addition

2.2 NAME

**MELODY M. DOBBINS**

2.3 STREET ADDRESS

**P. O. Box 851**

2.4 CITY-STATE-ZIP

**Lakeland, FL 33802**

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-24-96**

**(941) 688-7731**

Date

Daytime Phone #

CR2E034 (12/95)