

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 654085

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**7954311639CC**

**Entity Name:** TALENT ASSESSMENT, INC.

**Current Principal Place of Business:**

6838 PHILLIPS PKWY DR S  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

P.O. BOX 5087  
JACKSONVILLE, FL 32247

**FEI Number:** 59-2091087

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BORDEN, BEN P  
6838 PHILLIPS PKWY DR S.  
JACKSONVILLE, FL 32256 US

*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

**Officer/Director Detail :**

Title            OWNER  
Name            BORDEN, BEN P  
Address        6838 PHILLIPS PWY DR S  
City-State-Zip: JACKSONVILLE FL 32256

Title            VP  
Name            JONES, SUSAN D  
Address        6838 PHILLIPS PARKWAY DR SOUTH  
City-State-Zip: JACKSONVILLE FL 32256

Title            PRESIDENT  
Name            BORDEN, EMILY A  
Address        6838 PHILLIPS PARKWAY DR. SO.  
City-State-Zip: JACKSONVILLE FL 32256

*I hereby 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 all other like empowered.*

**SIGNATURE:** SUSAN JONES

**VICE PRESIDENT**

**01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date