

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 306167 (8)

1. Corporation Name

CAREERS INCORPORATED

Principal Place of Business

Mailing Address

1211 10TH ST S.W.
LARGO FL 34640

1211 10TH ST S.W.
LARGO FL 34640



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

33770

25

29

33770

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/16/1966

3a. Date of Last Report

06/20/1995

4. FEI Number

59-1203496

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

10. Name and Address of New Registered Agent

GIBSON, LORI
12400 CHICKASAW TRAIL
LARGO FL 34640

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 LORI GIBSON

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

(NOTE: Registered Agent signature required when re-registering)

8/1/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
NAME HEISNER, HAROLD JR
STREET ADDRESS 1213 10TH ST SW
CITY-ST-ZIP LARGO FL

☐ DELETE

S
NAME GEISLER, TAMARA
STREET ADDRESS 1036 10TH ST SW
CITY-ST-ZIP LARGO FL

☐ DELETE

D
NAME CAPPO, NANCY
STREET ADDRESS 9511 ANTILLES DR
CITY-ST-ZIP LARGO FL

☐ DELETE

D
NAME HANDVILLE, JANE E.
STREET ADDRESS 1213 10TH STREET, SW
CITY-ST-ZIP LARGO FL

☐ DELETE

P
NAME GIBSON, LORI
STREET ADDRESS 12400 CHICKASAW TRAIL
CITY-ST-ZIP LARGO FL

☐ DELETE

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HAROLD HEISNER, JR. *Harold Heisner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96

813) 584-7333

CR2E034 (3/96)