FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 FEB 17 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 320082 (1)

1. Corporation Name
AAA EMPLOYMENT, INC.

Principal Place of Business	Mailing Address
4908-C CREEKSIDE DRIVE CLEARWATER FL 34620	4908-C CREEKSIDE DRIVE CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 08/17/1967
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-1278599 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GEORGE, DAVID M 4908 C CREEKSIDE DRIVE CLEARWATER FL 34620	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☒ Addition
NAME	QUETSCHENBACH, CAROL	1.2 NAME	Michele Ahearn
STREET ADDRESS	2307 S RIDGEWOOD	1.3 STREET ADDRESS	#217 5500 Executive Ct. Dr.
CITY-ST-ZIP	SOUTH DAYTONA FL 32021	1.4 CITY-ST-ZIP	Charlotte, NC 28212
TITLE	DS	2.1 TITLE	D ☐ Change ☒ Addition
NAME	MROCZKOWSKI, MARIAN	2.2 NAME	Gwen Hatton
STREET ADDRESS	11572 64TH TERR NORTH	2.3 STREET ADDRESS	3 Lakeland Circle
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	Jackson, MS 39216
TITLE	D	3.1 TITLE	D P ☐ Change ☒ Addition
NAME	FUTCH, ANNE	3.2 NAME	David M. George
STREET ADDRESS	4001 NW 6BERRY RD., #B4	3.3 STREET ADDRESS	4908C Creekside Drive
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Clearwater, FL 34620
TITLE	~~PGEO~~	4.1 TITLE	☒ Change ☐ Addition
NAME	~~KOTOW, JOESPH M.~~	4.2 NAME	
STREET ADDRESS	~~4908-C CREEKSIDE DR.~~	4.3 STREET ADDRESS	Delete
CITY-ST-ZIP	~~CLEARWATER FL~~	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, CAROL	5.2 NAME	
STREET ADDRESS	3299 S. U.S. 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	☐ Change ☐ Addition
NAME	KING, LOUISA	6.2 NAME	
STREET ADDRESS	5833 US HWY 19	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	6.4 CITY-ST-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)(i), 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: David M George 1/13/95 813-573-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0370430 CP