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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700091

1. Corporation Name

FLORIDA EMPLOYERS EXCHANGE, INC.

Principal Place of Business

5922 CATTLEMEN LANE
SUITE 202
SARASOTA FL 34232
US

Mailing Address

5922 CATTLEMAN LN
SUITE 202
SARASOTA FL 34232
US



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

10/24/1959

4. FEI Number

59-1118045

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

9. Name and Address of Current Registered Agent

GLENDA SOYARS
5922 CATTLEMAN LANE
SUITE 202
SARASOTA FL 34232

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **RUSSELL A CURRIN, JR**
STREET ADDRESS **5922 CATTLEMAN LANE, SUITE 204**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VCD** ☐ DELETE
NAME **FLANDERS, ROBERT W**
STREET ADDRESS **2160 PRINCETON STREET**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **FOXWORTHY, RON**
STREET ADDRESS **7200 CHAMELEON WAY**
CITY-ST-ZIP **SARASOTA FL**

TITLE **CD** ☐ DELETE
NAME **JACOBS, G.W.**
STREET ADDRESS **2601 CATTLEMAN ROAD**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **STD** ☐ DELETE
NAME **CONYERS, ALBERT**
STREET ADDRESS **777 S. PALM AVE.**
CITY-ST-ZIP **SARASOTA FL 34230**

TITLE **D** ☐ DELETE
NAME **RAY NEFF**
STREET ADDRESS **2601 CATTLEMEN RD**
CITY-ST-ZIP **SARASOTA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

D
Timothy D Hensey
3301 Whitfield Ave.
Sarasota, FL 34243

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert L. Conyers

2/4/99

941-377-4333

Date

Daytime Phone #

CR2E037 (1/98)