

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 23 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766888 (2)

1. Corporation Name

EMPLOYERS ASSOCIATION OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/08/1983
3a. Date of Last Report 03/04/19944. FEI Number 59-2157213
Applied For Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINKLE, JOHN
1200 W STATE RD 434, STE 220
LONGWOOD FL 32750

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HINKLE, JOHN S.
STREET ADDRESS 1200 STATE RD. 434, #220
CITY-ST-ZIP LONGWOOD FL1.1 TITLE ☐ Change ☐ AdditionTITLE CD
NAME GALLASPY, RHONDA
STREET ADDRESS 1200 STATE RD 434 #220
CITY-ST-ZIP LONGWOOD FL1.2 NAME ☐ Change ☐ AdditionTITLE S D
NAME BALK, DAVID
STREET ADDRESS 1200 STATE RD. 434, #220
CITY-ST-ZIP LONGWOOD FL1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE T D
NAME WALL, KAREN
STREET ADDRESS 1200 S. R. 434 #220
CITY-ST-ZIP LONGWOOD FL1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP2.1 TITLE ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS ☐ Change ☐ Addition2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-ST-ZIP ☐ 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 110.07(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 resolver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN S. HINKLE John S. Hinkle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/95 407/260-6556