

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90008 025 \*\*\*450.00

**DOCUMENT # F95000004802**

1. Corporation Name

**LOGISTICS PERSONNEL CORP.**

Principal Place of Business

**6225 N 24TH ST  
PHOENIX AZ 85016  
US**

Mailing Address

**6225 N 24TH ST  
PHOENIX AZ 85016  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/02/1995**

4. FEI Number

**86-0802394**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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 reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☒ DELETE

NAME **VCOO  
BRODY, MARVIN D  
STREET ADDRESS **FLEGENHEIMER, ROY, A  
CITY-ST-ZIP **PHOENIX AZ******

TITLE ☒ DELETE

NAME **D  
BELFER, HARVEY A  
STREET ADDRESS **6225 N 24TH ST  
CITY-ST-ZIP **PHOENIX AZ******

TITLE ☒ DELETE

NAME **S  
FLEGENHEIMER, ROY  
STREET ADDRESS **6225 N 24TH ST  
CITY-ST-ZIP **PHOENIX AZ******

TITLE ☒ DELETE

NAME **TCFO  
MORRIS, AARON C  
STREET ADDRESS **6225 N 24TH ST  
CITY-ST-ZIP **PHOENIX AR******

TITLE ☐ DELETE

NAME **P  
HOLLIS, BILLY  
STREET ADDRESS **6225 N 24TH ST  
CITY-ST-ZIP **PHOENIX AZ******

TITLE ☐ DELETE

NAME **S  
GALES, PAUL M  
STREET ADDRESS **6225 N 24TH STREET  
CITY-ST-ZIP **PHOENIX AZ 85016******

13. 1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **CEO  
Bill C. Hollis  
1.3 STREET ADDRESS **6225 N. 24th Street  
1.4 CITY-ST-ZIP **Phoenix, AZ 85016******

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **P  
Joseph F. Kratowicz  
2.3 STREET ADDRESS **6225 N. 24th Street  
2.4 CITY-ST-ZIP **Phoenix, AZ 85016******

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **T/CFD  
John V. Prince  
3.3 STREET ADDRESS **6225 N. 24th Street  
3.4 CITY-ST-ZIP **Phoenix, AZ 85016******

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **CD  
Quentin P. Smith, Jr.  
4.3 STREET ADDRESS **6225 N. 24th Street  
4.4 CITY-ST-ZIP **Phoenix, AZ 85016******

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **D  
Sara R. Dial  
5.3 STREET ADDRESS **6225 N. 24th Street  
5.4 CITY-ST-ZIP **Phoenix, AZ 85016******

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M. Gales, Secretary **4/9/99** 602/955-5555

Date

Daytime Phone #

CR2E034 (1/98)