

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000003652 (1)

1. Corporation Name

SEA-LAND PAYROLL SERVICES, INC.

Principal Place of Business

500 WATER ST., S/C J-160
JACKSONVILLE FL 32202

Mailing Address

500 WATER ST., S/C J-160
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1997

4. FEI Number

59-3455046

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

21 301 WEST BAY STREET

Suite, Apt. #, etc.

22 City & State

23 JACKSONVILLE, FL

Zip

24 32202

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME ROSS, J.L.
STREET ADDRESS 901 E. CARY ST., ONE JAMES CENTER
CITY-ST-ZIP RICHMOND VA 23219

TITLE D ☐ DELETE

NAME CHAUDHURI, A.K.
STREET ADDRESS 301 W. BAY ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☐ DELETE

NAME HERCZEG, F.
STREET ADDRESS 6000 CARNEGIE BLVD.
CITY-ST-ZIP CHARLOTTE NC 28209

TITLE D ☐ DELETE

NAME SILER, D.J.
STREET ADDRESS 10407 N. CENTURION PKWY.
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ DELETE

NAME WODEHOUSE, C.J.O.
STREET ADDRESS 500 WATER ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE P ☒ DELETE

NAME BOOR, D.A.
STREET ADDRESS 901 E. CARY ST., ONE JAMES CENTER
CITY-ST-ZIP RICHMOND VA 23219

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME HENRY ENNIS
1.3 STREET ADDRESS 1346 S MIDWAY ROAD
1.4 CITY-ST-ZIP DALLAS, TX 75244

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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)(f), 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

HENRY ENNIS

9/17/98

972-716-4750

CR2E034 (5/98)