

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 09, 1999 8:00 am
Secretary of State

04-09-1999 90018 002 ***150.00

DOCUMENT # F97000003652

1. Corporation Name

SEA-LAND PAYROLL SERVICES, INC.

Principal Place of Business

301 WEST BAY STREET
JACKSONVILLE FL 32202
US

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country 29 Zip 30 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

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

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

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

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

TITLE P
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
1.2 NAME Ross, J.
1.3 STREET ADDRESS 901 E. CARY ST, ONE JAMES CENTER
1.4 CITY-ST-ZIP RICHMOND, VA 23219

2.1 TITLE Change
2.2 NAME ENNIS, HEWRY
2.3 STREET ADDRESS 13465 MIDWAY ROAD
2.4 CITY-ST-ZIP DALLAS, TX 75244

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

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

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

6.1 TITLE
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

Date

Daytime Phone #

CR2E034 (1/198)