

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mayhew
Secretary of State
Tallahassee, FL 32399-0400

DOCUMENT # **H17025** (8)
1. Corporation Name
HUMAN RESOURCE MANAGEMENT SYSTEMS, INC.

APPROVED
AND
FILED

APR 11 AM 5:17

DEPT. OF STATE
TALLAHASSEE, FLORIDA

Principal Office (If Different)
**5266 HIGHWAY AVE.
P.O. BOX 6069
JACKSONVILLE FL 32296
US**

Mailing Address
**5266 HIGHWAY AVE.
P.O. BOX 6069
JACKSONVILLE FL 32296
US**

DO NOT WRITE IN THIS SPACE

3. Date of Report (If Different)	3a. Date of Last Report
08/17/1984	02/18/1994
4. Fee Number	Applied For
59-2443125	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
☐	
8. This corporation has liability for damages for under its officers or directors.	
☐ Yes ☒ No	

2. Previous Office (If Different)	2a. Mailing Address
21	26
3. State Agent	3a. State Agent
22	27
4. City & State	4a. City & State
23	28
5. County	5a. County
24	29
6. Zip	6a. Zip
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
PRICE, R. J. 5266 HIGHWAY AVE. JACKSONVILLE FL 32254		<table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. State</td> <td>FL</td> </tr> <tr> <td>85. Zip Code</td> <td></td> </tr> </table>		81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83. City		84. State	FL	85. Zip Code	
81. Name													
82. Street Address (P.O. Box Number is Not Acceptable)													
83. City													
84. State	FL												
85. Zip Code													

11. Pursuant to the provisions of Sections 607.05(2) and 607.05(3), Florida Statutes, the above named corporation, vendors, 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 607.05(3), Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Different)

Signature of Agent (If Different)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	CD	TITLE	☐ Change ☐ Addition
NAME	SUDDATH, STEPHEN M.	NAME	
STREET ADDRESS	5266 HIGHWAY AVE.	STREET ADDRESS	
CITY & STATE	JACKSONVILLE FL	CITY & STATE	32254
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	BELL, A. O.	NAME	
STREET ADDRESS	5266 HIGHWAY AVE.	STREET ADDRESS	
CITY & STATE	JACKSONVILLE FL	CITY & STATE	32254
TITLE	VTD	TITLE	☐ Change ☐ Addition
NAME	PRICE, R. J.	NAME	
STREET ADDRESS	5266 HIGHWAY AVE.	STREET ADDRESS	
CITY & STATE	JACKSONVILLE FL	CITY & STATE	32254
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, BARBARA S.	NAME	
STREET ADDRESS	5266 HIGHWAY AVE.	STREET ADDRESS	
CITY & STATE	JACKSONVILLE FL	CITY & STATE	32254
TITLE	AS	TITLE	☐ Change ☐ Addition
NAME	BARNETT, JAMES G.	NAME	
STREET ADDRESS	5266 HIGHWAY AVE.	STREET ADDRESS	
CITY & STATE	JACKSONVILLE FL	CITY & STATE	32254
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and equally for the corporation's statement in law from 1994 (1995) Florida Statutes. I further certify that this information is true and correct. This annual report or supplemental annual report is true and correct 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 resident or transferee of the corporation as reported by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or supplemental report with an address.

SIGNATURE:

[Signature] **R. J. Price** 4/21/95 (904) 781-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR