

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J49891 (1)

1. Corporation Name

PEOPLESPLACE, INC.



Principal Place of Business

% GAIL V. BEVERIDGE
8301 CYPRESS PLAZA DRIVE #206
JACKSONVILLE FL 32256

Mailing Address

% GAIL V. BEVERIDGE
8301 CYPRESS PLAZA DRIVE #206
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified
12/22/1986

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21 3100 University Blvd S.

2a. Mailing Address

26 3943 Cove Saint Johns Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 230

27

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Zip

24 32214

25 USA

29 32277-2103

30 USA

4. FEI Number
59-2751587

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEVERIDGE, GAIL V.
SUITE 206
8301 CYPRESS PLAZA DR
JACKSONVILLE FL 32256

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

3943 Cove Saint Johns Rd

83

84 City

Jacksonville

FL

85 Zip Code

32277

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 block if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BEVERIDGE, GAIL V.
STREET ADDRESS 3943 COVE ST. JOHNS ROAD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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: *Gail V. Beveridge, Gail V. Beveridge*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-96
Date

725-9522
Daytime Phone #

CR2E034 (12/95)