FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K07048** **(7)**

1. Corporation Name

LBS EMPLOYMENT AGENCY, INC.

Principal Place of Business

C/O SUZANNE PATRICK
2394 TAMIAMI TR.
PORT CHARLOTTE FL 33952-0922

Mailing Address

C/O SUZANNE PATRICK
2394 TAMIAMI TR.
PORT CHARLOTTE FL 33952-0922

3. Date Information Is For Or Updated: **12/14/1987**

3a. Date of Last Report: **04/10/1995**

4. FEI Number: **65-0020979** ☐ 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 qualified for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 |
22 | Suite, Apt. #, etc.
23 | City & State
24 | Zip | 25 | Country

2a. Mailing Address

26 | P.O. Box 380761
27 | Suite, Apt. #, etc.
28 | Murdock FL
29 | Zip 33938-0761 | 30 | Country CHARLOTTE

9. Name and Address of Current Registered Agent

PATRICK, SUZANNE
2394 TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 | Name SAME
82 | Street Address (P.O. Box Number is Not Acceptable) 18050 Lake Worth Blvd
83 |
84 | City Port Charlotte, FL | **FL** | 85 | Zip Code 33948

11. Pursuant to the provisions of Sections 617.0502 and 617.1905, 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 617.0505, Florida Statutes.

SIGNATURE: Suzanne Patrick DATE: 4/4/96

12. OFFICERS AND/OR DIRECTORS

TITLE	PTS	☐ DELETE
NAME	SUZANNE, PATRICK	
STREET ADDRESS	18850 LAKE WORTH BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		☐ Change ☐ Addition
1a. NAME		
1b. STREET ADDRESS		
1c. CITY-ST-ZIP		
2. TITLE		☐ Change ☐ Addition
2a. NAME		
2b. STREET ADDRESS		
2c. CITY-ST-ZIP		
3. TITLE		☐ Change ☐ Addition
3a. NAME		
3b. STREET ADDRESS		
3c. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
4a. NAME		
4b. STREET ADDRESS		
4c. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
5a. NAME		
5b. STREET ADDRESS		
5c. CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
6a. NAME		
6b. STREET ADDRESS		
6c. CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is true. Filing this form voluntarily for the purpose stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attachment 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 added to this report with an address.

SIGNATURE: Suzanne Patrick 4/4/96 941-629-2611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE