

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K22531** (3)

1. Corporation Name

EMPLOYEE RELOCATION CONSULTANTS, INC.



Principal Place of Business

**9000 SOUTHSIDE BLVD
BLDG 400
JACKSONVILLE FL 32256
US**

Mailing Address

**50 LAURA STREET
ATTN: REGULATORY RELATIONS
JACKSONVILLE FL 32202-3610
US**

3. Date Incorporated or Qualified

05/04/1988

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWARTLEY, RICHARD E.
50 LAURA STREET
JACKSONVILLE FL 32202-0610**

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 the date of signature

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☐ DELETE
NAME **REDMOND, MICHAEL A.**
STREET ADDRESS **9000 SOUTHSIDE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **KERINS, PAUL T.**
STREET ADDRESS **50 NO LAURA STR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **MCCANN, PATRICK J**
STREET ADDRESS **50 NO LAURA STR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **SMITH, DAVID R JR**
STREET ADDRESS **50 NO LAURA STR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **HEISEY, PHYLLIS D**
STREET ADDRESS **9000 SOUTHSIDE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ DELETE
NAME **SALTER, KAREENA S.**
STREET ADDRESS **9000 SOUTHSIDE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

000001797300
-04/29/96--01016--003
*****208.75**

2
425

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Redmond
Michael A. Redmond President

3/26/96

904-464-1185

CR2E034 (12/95)