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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32202-3486
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

3. Date Incorporated or Qualified

05/04/1988

3a. Date of Last Report

04/25/1996

4. FEI Number

59-2919827

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

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

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 PD ☐ 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

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 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.

SIGNATURE:

Michael A. Redmond MICHAEL A. REDMOND

4/17/97

904-464-1185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)