

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 3:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K37380

(8)

1. Corporation Name

PAYROLL 1/GREATER TAMPA, INC.

Principal Place of Business

**4800 W CYPRESS ST. #560
TAMPA FL 33607**

Mailing Address

**4800 W CYPRESS ST. #560
TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/07/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2912811

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. 189.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**HOMMER, JAMES E.
4800 W CYPRESS #560
TAMPA FL 33607**

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

James E. Homer

JAMES E. HOMER PRESIDENT

4-19-95

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUGAN, M. KEVIN
STREET ADDRESS	625 BEARWARK CIR #204
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	HOMMER, JAMES E.
STREET ADDRESS	3939 EDEN ROC CIR W
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	CARNEY, JOSEPH L.
STREET ADDRESS	242 DEER RUN
CITY - ST - ZIP	MEDIA PA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	11611 DEEPAR COURT
1.4 CITY - ST - ZIP	NAPLES, FL 34102
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	7610 WINSING WAY DR
2.4 CITY - ST - ZIP	TAMPA, FL 33615
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:

James E. Homer

JAMES E. HOMER PRES.

4-19-95

813-217-0010

DUPLICATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #