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 # **K37384** **(0)**

1. Corporation Name

~~PAYROLL 1~~/GREATER ORLANDO, INC.
PrimePay

Principal Place of Business	Mailing Address
2600 LAKE LUCIEN WAY STR 308 MAITLAND FL 32751-1193 US	2600 LAKE LUCIEN WAY STE 308 MAITLAND FL 32751-1193 US

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	25	29	30

3. Date Incorporated or Qualified: **10/07/1988**	3a. Date of Last Report: **04/24/1995**
4. FEI Number: **59-2912380**	☐ 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

DUGAN,KEVIN M.
2600 LAKE LUCIEN
STE 308
MAITLAND FL 32751

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, Type and Capacity/Relationship of Person Authorized to Sign This Form) (NOTE: If Changing Agent, Signature Required From Current Agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☑ Change ☐ Addition
NAME	DUGAN, M. KEVIN		12 NAME	
STREET ADDRESS	625 BEACHWALK CIR. #204		13 STREET ADDRESS	11611 USEPPA COURT
CITY-ST-ZIP	NAPLES FL		14 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	CARNEY, JOSEPH L		22 NAME	
STREET ADDRESS	242 DEER RUN		23 STREET ADDRESS	
CITY-ST-ZIP	MEDIA PA		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☑ Change ☐ Addition
NAME	HOHIMER,JAMES E.		32 NAME	
STREET ADDRESS	3939 EDEN ROC CIR. WEST		33 STREET ADDRESS	7610 WINGING WAY DR
CITY-ST-ZIP	TAMPA FL		34 CITY-ST-ZIP	TAMPA, FL 33615
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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)(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: James E. Hohimer JAMES E. HOHIMER 3-14-96 B13287041C
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)