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Apr 08 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 # K88990

(2)

1. Corporation Name:

HUMAN X FACTORS, INC.

Principal Place of Business

Mailing Address

~~6000 34TH STREET SOUTH~~  
ST. PETERSBURG FL 33701

~~6000 34TH ST., SOUTH~~  
~~SUITE 11~~  
ST. PETERSBURG FL 33711-0022  
~~US~~

2. Principal Place of Business

21 2500 70th AVE. South

Suite, Apt. #, etc.

22

City & State

23 ST. PETERSBURG, FL

Zip

24 33712

Country

25 PINELLAS

2a. Mailing Address

26 2500 70th AVE. South

Suite, Apt. #, etc.

27

City & State

28 ST. PETERSBURG, FL

Zip

29 33712

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

JONES, ROBERT J  
6500 CENTRAL AVENUE  
ST. PETERSBURG, FL FL 33707

3. Date Incorporated or Qualified

05/17/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

22-2795485

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

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 and typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DUCK, BEVERLY ANN

STREET ADDRESS 2500 70TH AVE., S.

CITY - ST - ZIP ST PETERSBURG FL

TITLE VD ☐ DELETE

NAME DUCK, EVANDER

STREET ADDRESS 2500 70TH AVE., S.

CITY - ST - ZIP ST PETERSBURG FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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

1.1 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:

*Beverly Ann Duck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97 813-866-7551

Date

Daytime Phone #

0377549

CR2E034 (9/96)