

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 # L29114 (0)

1. Corporation Name

PROFESSIONAL EMPLOYEE MANAGEMENT, INC.



Principal Place of Business

3639 CORTEZ RD WEST
SUITE 200
BRADENTON FL 34210

Mailing Address

3639 CORTEZ RD WEST
SUITE 200
BRADENTON FL 34210

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified
11/09/1989

3a. Date of Last Report
04/07/1995

4. FEI Number
59-2981439

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

10. Name and Address of New Registered Agent

Dockery
MOANALLY, CELESTE D
6416 28TH AVE E
BRADENTON FL 34208

Name change & moved
due to
Divorce
12-19-94

81 Name Celeste D. Dockery
82 Street Address (P.O. Box Number is Not Acceptable)
314 Ringling Pt Dr
83
84 City Sarasota FL 85 Zip Code 34234

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 607.0506, Florida Statutes.

SIGNATURE

Signature of agent or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME DOCKERY, CELESTE D.
STREET ADDRESS 3639 CORTEZ RD W, #200
CITY-ST-ZIP BEADENTON FL

TITLE VP ☒ DELETE
NAME ARCAD, DARIA
STREET ADDRESS 3639 CORTEZ RD., WEST, #200
CITY-ST-ZIP BRADENTON FL

TITLE S ☒ DELETE
NAME JURNEY, CAROLE J.
STREET ADDRESS 3639 CORTEZ RD., WEST, #200
CITY-ST-ZIP BRADENTON FL

TITLE VP ☐ DELETE
NAME FEODER, DARRIN
STREET ADDRESS 3639 CORTEZ ROAD W
CITY-ST-ZIP BRADENTON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

800001840368
-05/28/96--01024--021
***225.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/96 941-756-4444

Date

Daytime Phone #

CR2E034 (12/95)