

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

6-11-96 B-6778 - C
(6)

DOCUMENT # L39172

1. Corporation Name

EMPLOYER SUPPORT SERVICES, INC.



Principal Place of Business

C/O KIRK A. SCOGGINS
1211 N. WESTSHORE BLVD., STE. 800
TAMPA FL 33607
US

Mailing Address

C/O KIRK A. SCOGGINS
1211 N. WESTSHORE BLVD., STE. 800
TAMPA FL 33607
US

3. Date Incorporated or Qualified

12/29/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2988443

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOGGINS, KIRK A.
1901 BROOKLINE
TAMPA FL 33629

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME SCOGGINS, KIRK A.
STREET ADDRESS 1901 BROOKLINE
CITY- ST- ZIP TAMPA FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

PCD

☒ Change ☒ Addition

TITLE V
NAME MILLS, STEVEN C.
STREET ADDRESS 2830 FOUNTAIN BLVD
CITY- ST- ZIP TAMPA FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

DVS

☒ Change ☐ Addition

TITLE T
NAME KOCH, TERRY M
STREET ADDRESS 4307 GAINSBOROUGH CT
CITY- ST- ZIP TAMPA FL

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE V
NAME SHOEMAKER, LINDA
STREET ADDRESS 1403 12TH SO. DR., WEST
CITY- ST- ZIP PALMETTO FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

V
RYHN, LINDA
204 3RD ST. W. #408
BRADENTON, FL 34205

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

V
TROY FOWLER
3218 PALMIRA
TAMPA, FL

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

V
ROB BYERS
107 S. WOODLYNNE
TAMPA, FL

☐ 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 of this report.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96 (813) 289-1981
Date Filed Phone

CR2E034 (12/95)