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Mar 26 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 # **L39172** **(6)**

1. Corporation Name
**EMPLOYER SUPPORT SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O KIRK A. SCOGGINS<br>1211 N. WESTSHORE BLVD.. STE. 800<br>TAMPA FL 33607<br>US | C/O KIRK A. SCOGGINS<br>1211 N. WESTSHORE BLVD.. STE. 800<br>TAMPA FL 33607-4619<br>US |

3. Date Incorporated or Qualified: **12/29/1989**
3a. Date of Last Report: **06/11/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip / 24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip / 29 Country / 30

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 XX ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SCOGGINS, KIRK A.**
**1901 BROOKLINE**
**TAMPA FL 33629**

10. Name and Address of New Registered Agent

81 Name: SCOGGINS, KIRK A.
82 Street Address (P.O. Box Number is Not Acceptable): 1211 N. WESTSHORE BLVD.
83 SUITE 800
84 City: TAMPA **FL** 85 Zip Code: 33607

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCD<br>SCOGGINS, KIRK A.<br>1901 BROOKLINE<br>TAMPA FL | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | TV<br>Koch,Terry M.<br>4307 Gainsborough Ct.<br>Tampa, FL 33624 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVS<br>MILLS, STEVEN C.<br>2830 FOUNTAIN BLVD<br>TAMPA FL | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | DVS<br>MILLS, STEVEN, C.<br>1000 HORATIO AVENUE, SUITE 110<br>~~TAMPA FLORIDA 33609~~ | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>TROY FOWLER<br>3218 PALMIRA<br>TAMPA FL | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | V<br>FOWLER, N. TROY<br>1902 WYKAGYL<br>~~TAMPA, FLORIDA 33629~~ | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>SHOEMAKER, LINDA<br>204 3RD ST., W #408<br>BRADETON FL | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | V<br>Ryan, Linda S.<br>204 3RD St. W #408<br>Bradenton, FL 34205 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>ROB BYERS<br>107 S. WOODLYNNE<br>TAMPA FL | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | XX<br>BYERS, ROBERT R.<br>107 S. WOODLYNNE<br>TAMPA, FLORIDA 33609 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (9/96)

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 added in an attachment with an address.

**SIGNATURE:** _____ 3-11-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #