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Apr 29 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 # M81083

(1)

1. Corporation Name

TALENTCORP OF AMERICA, INC.

Principal Place of Business

1000 N. MAGNOLIA AVE.
STE A
ORLANDO FL 32803-3813
US

Mailing Address

1000 N MAGNOLIA AVE.
STE A
ORLANDO FL 32803-3865
US

3. Date Incorporated or Qualified

05/16/1988

3a. Date of Last Report

04/29/1996

4. FEI Number

59-2887454

Applied For

Not Applicable

6. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HERRING, ROBERT R
1000 N. MAGNOLIA AVE.
STE A
ORLANDO FL 32803

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME HERRING, ROBERT R.
STREET ADDRESS 1000 N MAGNOLIA AVE, STE A
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ DELETE

NAME GUINN, CHARLES F.
STREET ADDRESS 815 QUINTILINA AVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME GARWOOD, THOMAS C., JR.
STREET ADDRESS 815 N GAYLAND AVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME BROWN, JAMES B.
STREET ADDRESS 7101 LAKE ELLENOR DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE VTSD ☐ DELETE

NAME HERRING, R. BENNETT
STREET ADDRESS 1000 N MAGNOLIA AVE SUTE A
CITY-ST-ZIP ORLANDO FL

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:

Robert R. Herring
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97

407 839-6222

Date

Daytime Phone #

CR2E034 (9/96)