

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0103963

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90113 002 ***158.75

**PROFIT
CORPORATION
ANNUAL REPORT
1999**FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # M81083**

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 32803-3813
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1988

4. FEI Number

59-2887454

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Election Campaign Financing

☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☒Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HERRING, R B
1000 N. MAGNOLIA AVE.
STE A
ORLANDO FL 32803-3813

10. Name and Address of New Registered Agent

81 Name

R. Bennett Herring

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 R. Bennett Herring

R. Bennett Herring, V.P. & Treasurer 2/10/99

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	<input type="checkbox"/> DELETE
NAME	HERRING, ROBERT R.	
STREET ADDRESS	1000 N MAGNOLIA AVE, STE A	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GUINN, CHARLES F.	
STREET ADDRESS	815 QUINTILINA AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARWOOD, THOMAS C., JR.	
STREET ADDRESS	815 N GAYLAND AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, JAMES B.	
STREET ADDRESS	7101 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	HERRING, R. BENNETT	
STREET ADDRESS	1000 N MAGNOLIA AVE, STE A	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: R. Bennett Herring **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORR. Bennett Herring
V.P. & Treasurer

2/10/99

(407)839-0502

Date

Daytime Phone #

CR2E034 (11/98)