FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:24

DOCUMENT # **N50145** **(4)**

1. Corporation Name
HILLSBOROUGH COUNTY BAR ASSOCIATION SECRETARIAL PLACEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
315 E MADISON ST SUITE 1010 TAMPA FL 33602	315 E MADISON ST SUITE 1010 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1992
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-3136863 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 101 E. Kennedy	26 101 E. Kennedy
22 Ste 2110	27 Ste 2110
23 TAMPA FL	28 TAMPA FL
24 33602 25	29 33602 30

9. Name and Address of Current Registered Agent

PRUITT, CONNIE R. ESQ.
315 E MADISON ST
SUITE 1010
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Blvd
83 Ste 2110
84 City TAMPA FL 85 Zip Code 33602

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	FERNANDEZ, RICARDO	12 NAME	Fernandez, Ricardo
STREET ADDRESS	PO BOX 3324, 501 E. KENNEDY, STE 1400 NA	13 STREET ADDRESS	~~Same~~ 101 E. Kennedy Blvd. Suite 2110
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	~~Same~~ Tampa Fl. 33602
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	SULLIVAN, TIMON V. ESQ.	22 NAME	Sullivan, Timon V.
STREET ADDRESS	201 E. KENNEDY BLVD. SUITE 1850	23 STREET ADDRESS	~~Same~~ 101 E. Kennedy Blvd Suite 2110
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	~~Same~~ Tampa Fl. 33602
TITLE	D	31 TITLE	P ☒ Change ☐ Addition
NAME	GRIFFIN, CHRISTOPHER L.	32 NAME	President Richard Gilbert
STREET ADDRESS	201 N. FRANKLIN SUITE 2100	33 STREET ADDRESS	~~Same~~ 101 E. Kennedy Blvd. Suite 2110
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	~~Same~~ Tampa Fla. 33602
TITLE		41 TITLE	D ☐ Change ☐ Addition
NAME		42 NAME	Pres. elect Emeline Acton
STREET ADDRESS		43 STREET ADDRESS	~~Same~~ 601 E. Kennedy 27 Floor
CITY-ST-ZIP		44 CITY-ST-ZIP	Same TAMPA, FL 33602
TITLE		51 TITLE	T ☐ Change ☐ Addition
NAME		52 NAME	Sec. Charlene Edwards Honeywell
STREET ADDRESS		53 STREET ADDRESS	~~Same~~ 101 E. Kennedy Ste 3700
CITY-ST-ZIP		54 CITY-ST-ZIP	~~Same~~ Tampa FL 33602
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

RETURNED BY MAY 1

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)(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 617, 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 — Date — Daytime Phone #

0014009