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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50145** (4)

1. Corporation Name

**HILLSBOROUGH COUNTY BAR ASSOCIATION SECRETARIAL
PLACEMENT SERVICES, INC.**



Principal Place of Business	Mailing Address
101 E KENNEDY SUITE 2110 TAMPA FL 33602 US	101 E KENNEDY SUITE 2110 TAMPA FL 33602 US

3. Date Incorporated or Qualified	07/30/1992
4. FEI Number	59-3136863
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
PRUITT, CONNIE R. ESQ. 101 E KENNEDY BLVD SUITE 2110 TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President (P)
NAME	FERNANDEZ, RICARDO	1.2 NAME	R. Tom Elligett, Jr.
STREET ADDRESS	100 S ASHLEY DR, #2100	1.3 STREET ADDRESS	401 E. Jackson Suite 2600
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33602-5226
TITLE	D	2.1 TITLE	President Elect (VP)
NAME	SULLIVAN, TIMON V. ESQ.	2.2 NAME	Margaret D. Matthews
STREET ADDRESS	P.O. BOX 1006 N/A	2.3 STREET ADDRESS	P.O. Box 3273 N/A
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33601-3273
TITLE	VP	3.1 TITLE	D
NAME	GILBERT, RICHARD	3.2 NAME	John Calhoun Bales
STREET ADDRESS	P.O. BOX 2350 N/A	3.3 STREET ADDRESS	201 E Franklin #2300
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33601-2350
TITLE	P	4.1 TITLE	D
NAME	ACTON, EMELINE	4.2 NAME	Jerry Jenkins
STREET ADDRESS	601 E KENNEDY, #27TH FL	4.3 STREET ADDRESS	101 E Kennedy Blvd. Ste 2560
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33602-5157
TITLE	T	5.1 TITLE	D
NAME	HONEYWELL, CHARLENE E	5.2 NAME	John "Jack" Rudy
STREET ADDRESS	P.O. BOX 2231N/A	5.3 STREET ADDRESS	220 S. Franklin St.
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33602-5330
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charlene E. Honeywell*

CR2E037 (10/97)