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Apr 28, 1999 8:00 am
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04-28-1999 90060 014 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50145

1. Corporation Name

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

Principal Place of Business

101 E KENNEDY
SUITE 2110
TAMPA FL 33602
US

Mailing Address

101 E KENNEDY
SUITE 2110
TAMPA FL 33602
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/30/1992

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

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

FL

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

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 P ☐ DELETE

NAME ELLIOTT, R T JR
STREET ADDRESS 401 E JACKSON SUITE 2600
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE

NAME MATHEWS, MARGARET D
STREET ADDRESS POST OFFICE BOX 3273 N/A
CITY-ST-ZIP TAMPA FL 33601

TITLE D ☐ DELETE

NAME BALES, JOHN C
STREET ADDRESS 201 E FRANKLIN 2300
CITY-ST-ZIP TAMPA FL 33601

TITLE D ☐ DELETE

NAME JENKINS, JORYN
STREET ADDRESS 101 E KENNEDY BLVD STE 2560
CITY-ST-ZIP TAMPA FL 33602

TITLE T ☐ DELETE

NAME HONEYWELL, CHARLENE E
STREET ADDRESS 101 E KENNEDY BLVD 3700
CITY-ST-ZIP TAMPA FL 33602

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

Connie R. Pruitt
101 E Kennedy Blvd, Ste 2110
Tampa, FL 33602

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a power like empowered.

SIGNATURE: *Connie R. Pruitt* **DECEASED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Connie R. Pruitt *4-26-99* *313-221-7770*

Date

Daytime Phone #

CR2E037 (11/98)