

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003214 (4)

1. Corporation Name

AHS RESOURCE PERSONNEL, INC.



Principal Place of Business

Mailing Address

2400 BEDFORD ROAD
ORLANDO FL 32803

2400 BEDFORD ROAD
ORLANDO FL 32803

2. Principal Place of Business

2a. Mailing Address

21 111 N. ORLANDO AVE.

26 111 N. ORLANDO AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 WINTER PARK, FL

24 Zip 32789 25 Country ORANGE

27 City & State

28 WINTER PARK, FL

29 Zip 32789 30 Country ORANGE

3. Date Incorporated or Qualified

07/13/1993

3a. Date of Last Report

02/09/1995

4. FEI Number

75-2494887

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

TRIMBLE, TAMARA L
2400 BEDFORD ROAD
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

TRIMBLE, TAMARA L.

82 Street Address (P.O. Box Number is Not Acceptable)

111 NORTH ORLANDO AVENUE

83

84 City

WINTER PARK

FL

85 Zip Code

32789

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

TAMARA L. TRIMBLE

(Tamara L. Trimble)

1/26/96

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBERTSON, WILLIAM G	
STREET ADDRESS	11801 S FREEWAY	
CITY-ST-ZIP	FT WORTH TX	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CHILSON, JEFFREY J	
STREET ADDRESS	201 NORTH EUSTIS ST.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SELIVANOFF, PAUL G	
STREET ADDRESS	% 2400 BEDFORD ROAD	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BLOCK, MARK L	
STREET ADDRESS	2400 BEDFORD ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AS
4.3 STREET ADDRESS	BLOCK, MARK L.
4.4 CITY-ST-ZIP	111 NORTH ORLANDO AVENUE WINTER PARK, FL 32789
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	JIMENEZ, A. DAVID
5.4 CITY-ST-ZIP	11801 S. FREEWAY FT WORTH, TX 76115-0337
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	WOOTEN, SCOTT
6.4 CITY-ST-ZIP	11801 S. FREEWAY FT WORTH, TX 7611500337

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)(k), 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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407/975-1410

Daytime Phone #

CR2E037 (12/95)