

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 N9600000500

1. Corporation Name

FLORIDA EMPLOYER ADVISORY COUNCIL, INC.

Principal Place of Business

Mailing Address

2326 WILLOW BEND BLVD. FT. WALTON BEACH FL 32547 2326 WILLOW BEND BLVD. FT. WALTON BEACH FL 32547

FILED Mar 26, 1999 8:00 am § Secretary of State

03-26-1999 90017 029 ****61.25



| 2. Principal Pl | ace of Business | 2a. Mailing Address | | <u> </u> | 3. Date incorporated or Qualifed 01/26/1996 | | |
|---|---|-------------------------------|-------------------------|--|---|-------------------|---------------------------------------|
| 21 | | 26 Suite Ant # etc | | | 4. FEI Number | And | lied For |
| Suite, Apt. i | ♥, etc. | Suite, Apt. #, etc. | | | 59-3352130 | | Applicable |
| 22 | | City & State | | | 33 363E 100 | \$8.75 A | · · · · · · · · · · · · · · · · · · · |
| City & State | | | | | 5. Certifcate of Status Desired | Fee Rec | |
| 23 Zip | Country | 28 | Countr | v | 6. Election Campaign Financing | \$5.00 | · |
| - ' | 25 29 30 | | | , | Trust Fund Contribution | Added to | • 1 |
| 24] | 9. Name and Address of Current | 1=-1 | 1 | | 10. Name and Address of New Registe | red Agent | |
| | a. Maine And Leadings of Advant. | - Cagnota - Lagarit | 8 | | | | |
| DATE CLARAD | | | Same | | | | |
| DAVIS, GUNNAR | | | 82 | 2 Street Address (P.O. Box Number is Not Acceptable) 2326 Willow Bend Blvd | | | |
| WESTERN STAFF SERVICES | | | 8: | | LO WILLOW BEILD DIVO | | |
| 151 MARY ESTHER CUTOFF, STE. 402 | | | L | <u> </u> | · · · · · · · · · · · · · · · · · · · | | |
| MARY ES | THER FL 32569 | • | 84 | 1 . | Walker Barah | FL 85 Zip C | Sode 547 |
| 44 6 | 4 Section 647 0502 | and 617 1609 Florida Statutos | the abov | o-named or | ornoration submits this statement for the numos | e of changing its | registered |
| office or re | egistered agent, or both, in the State of n familiar with, and accept the obligation | Florida, Such change was auth | onzea o | v the corpora | ation's board of directors. I hereby accept the a | ppointment as reg | gistered |
| SIGNATURE | | | | | usined when reinstating) DAT | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered | | | | ent signature req | juired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER | | RS IN 12 |
| 12. | P OFFICERS AND | DIRECTORS | 1.1 TITLE | | ADDITIONS/OFFACED TO CITTOETS | ☐ Change | Addition |
| TITLE | • | | 1.2 NAME | | | | |
| NAME | DAVIS, GUNNAR F | | | | | | Ì |
| STREET ADDRESS | 1 . | | | ET ADDRESS | | | |
| CITY-ST-ZIP | FT. WALTON BEACH FL 32547 | ₹) DELETE | 1.4 CITY- 2.1 TITLE | | V, D | ¥1 Change | Addition |
| TITLE | A TOTAL OF DADDA | 45) DEEE IE | 2.2 NAME | | Amy Evancho | ٠ ال | _ |
| NAME | 001110011, D7111112 | | | ١, | 5440 NW 33rd Ave, Ste 106 | | |
| STREET ADDRESS | | | h | 1 | Ft Lauderdale, FL 33301 | | |
| CITY-ST-ZIP | | | 2.4 CITY- 3.1 TITLE | <u> </u> | n | ★ Change | Addition |
| TITLE | V | □ DECE1E | | 17 | D . | A _1 +9- | |
| NAME | WEED, JOHN | | 3.2 NAME | | | | |
| STREET ADDRESS | 1401 S. 9TH ST. | (] | | ET ADDRESS | نف د د سمار بر مست | . <u> </u> | |
| CITY-ST-ZIP | LEESBURG FL 34748 | ☐ DELETE | 3.4. CITY- 4.1 TITLE | | 77 D | Change | Addition |
| TITLE | D DODDOUGZ CTCDUCK | | | | V, D | A-A | ا العدادات |
| NAME | RODRIQUEZ, STEPHEN | | 4. 2 NAMI | 1 | Stephen Rodriguez 5300 Gulf Blvd | | |
| STREET ADDRESS | | | | EI ADDRESS 1 | St. Petersburg Beach, FL 33706 | | |
| CITY-ST-ZIP | TREASURE ISLAND FL 33706 | DELETE | 4.4 CITY- | 31-2,1 | | [] Change | Addition |
| TITLE | SD DENICE | _ ∩ereie | 5.1 TITLE 5.2 NAME | | | | |
| NAME | HORNE, DENISE | | | ET ADDRESS | | · | |
| STREET ADDRESS | 300 MABRY ST. | | 5.4 CITY- | | • | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32304 | ☐ DELETE | 6.1 TITLE | | | Change | Addition |
| TITLE | D MAI ODDDAMA EDNIE | ☐ DETELE | 6.2 NAME | | | C) change | |
| NAME | VALORRRAMA, ERNIE | | | | | | |
| STREET ADDRESS | 252 W. CHESTER DR. | | | ET ADDRESS | | | |
| CITY-ST-ZIP | DELAND FL 32724 | | 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, with all other like empowered.

SIGNATURE

Gunna F. Davis

OF SIGNING OFFICER OR DIRECTOR

March 23, 1999

(850)729-6016

Date

Daytime Phone #