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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Wortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001823 (0)**
1. Corporation Name

A2J2 EMPLOYMENT, INC.



Principal Place of Business 803 NORTH MARTIN LUTHER KING JR. BLVD. TALLAHASSEE FL 32301	Mailing Address POST OFFICE BOX 974 TALLAHASSEE FL 32302
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3. Date Incorporated or Qualified

04/01/1997

4. FEI Number

59-3447781

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 ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIGHTBOURNE, PAMELA
5523 PEDRICK PLANTATION CIRCLE
TALLAHASSEE FL 32311**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	ZORSA INGRAM-FITZPATRICK	
STREET ADDRESS	1430 ABBEYWOOD LANE	
CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32303	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	PAMELA C. LIGHTBOURNE	
STREET ADDRESS	5523 PEDRICK PLANTATION CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32311	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	BRANDA HAWKINS	
STREET ADDRESS	1014 SILVER RIDGE DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	WILLIE DICKEY	
STREET ADDRESS	404 FULTON ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	REGINALD BRYANT	
STREET ADDRESS	2580 OPALACHE PKWY	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kelly Bailey
5.3 STREET ADDRESS	749 Silver Maple Drive
5.4 CITY-ST-ZIP	Tallahassee, FL 32311
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Pam C. Lightbourne

5/6/98

(850) 224-2232

CR2E037 (10/97)