

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037459 (3)

1. Corporation Name

LEGACY PERSONNEL GROUP, INC.

Principal Place of Business

1 E BROWARD BLVD. STE 609
FORT LAUDERDALE FL 33301-1872
US

Mailing Address

1 E BROWARD BLVD. STE 609
FORT LAUDERDALE FL 33301-1872
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1993

3a. Date of Last Report

04/08/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0410602

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

7. This corporation has liability for intangible tax under G. 189.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TALCOTT, VALERIE
1964 BONNIE ST
BOCA RATON FL 33486

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CFO
NAME TALCOTT, VALERIE
STREET ADDRESS 1964 BONNIE STREET
CITY ST ZIP BOCA RATON FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE V
NAME TALCOTT, PATIENCE
STREET ADDRESS 2620 SW SCHOOLS FERRY RD
CITY ST ZIP PORTLAND OR

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE S
NAME TALCOTT, VERN
STREET ADDRESS 2620 SW SCHOOLS FERRY ROAD
CITY ST ZIP PORTLAND OR

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE ~~2022~~
NAME ~~XXXXXXXXXXXX~~
STREET ADDRESS ~~XXXXXXXXXXXX~~
CITY ST ZIP ~~XXXXXXXXXXXX~~

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☒ Addition

TITLE ~~XXXXXXXXXXXX~~
NAME ~~XXXXXXXXXXXX~~
STREET ADDRESS ~~XXXXXXXXXXXX~~
CITY ST ZIP ~~XXXXXXXXXXXX~~

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4-24-95

(305) 523 9338

4/24/95

(305) 523-9338

0208107 CP