

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000074856 (4)

1. Corporation Name

TERM PERSONNEL OF SARASOTA, INC.\*\*\*\*\*



Principal Place of Business

230 RAWLS AVE.  
SARASOTA FL 34236-6830

Mailing Address

230 RAWLS AVE.  
SARASOTA FL 34236-6830

3. Date Incorporated or Qualified  
10/22/1993

3a. Date of Last Report  
05/16/1995

2. Principal Place of Business

21 1515 2nd street

Suite, Apt. #, etc.

22

City & State

23 sarasota, florida

Zip

24 34236

Country

25 U.S.A.

2a. Mailing Address

26 1515 2nd street

Suite, Apt. #, etc.

27

City & State

28 sarasota, florida

Zip

29 34236

Country

30 U.S.A.

4. FEI Number

65-0445958

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

LEBLANC, C G  
6305 BIKINI RD.  
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name

Le Blanc, C. G.

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

2212 Shadow Lakes Dr.

83

Sarasota, Florida 34240

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
LE BLANC, MARIE ANNE  
STREET ADDRESS  
6168 NICOLE COURT  
CITY-ST-ZIP  
SARASOTA FL

TITLE ☐ DELETE

NAME  
LE BLANC, WAYNE  
STREET ADDRESS  
1521 S. KIRKMAN RD #2007  
CITY-ST-ZIP  
ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☐ Change ☒ Addition

1.2 NAME

Le Blanc, C.G.

1.3 STREET ADDRESS

2212 Shadow Lakes Dr. Sarasota, FL 34240

1.4 CITY-ST-ZIP

2.1 TITLE

V.P.

☒ Change ☐ Addition

2.2 NAME

Wayne Le Blanc

2.3 STREET ADDRESS

1521 S. Kirkman Rd. #2002

2.4 CITY-ST-ZIP

ORLANDO, FL 32811

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

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:

Marie Anne Le Blanc, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Telephone Phone #

CR2E034 (12/95)