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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000074856
1. Corporation Name

Term Personnel Of Sarasota, Inc.

Principal Place of Business

Mailing Address

1515 2nd Street
Sarasota, Fl 24236--

1515 2nd Street
Sarasota, Fl 34236

2. Principal Place of Business

2a. Mailing Address

21 1515 2nd Street

26 1515 2nd Street

Suite Apt. #, etc.

Suite Apt. #, etc.

22 City & State

27 City & State

23 Sarasota, Florida

28 Sarasota, Florida

Zip Country

Zip Country

24 34236

25 U.S.A.

29 34236

30 U.S.A.

3. Date Incorporated or Qualified

10/22/1993

3a. Date of Last Report

04/06/96

4. FEI Number

65-0445958

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

Le Blanc, C. G.
2212 Shadow Lakes Dr.
Sarasota, Fl 34240

81 Name
Le Blanc, C. G.

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

2212 Shadow Lakes Dr.

83 Sarasota, FL 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME ~~XXX~~ President

STREET ADDRESS Le Blanc, Marie Anne

CITY- ST- ZIP 6168 Nicole Ct

Sarasota, Fl

TITLE ☐ DELETE

NAME Secretary/Treasurer

STREET ADDRESS Le BLANC, Wayne C.

CITY- ST- ZIP 1521 Kirkman Rd #2002

Orlando, Fl 32811

TITLE ☐ DELETE

NAME Vice President

STREET ADDRESS Le Blanc, C. G.

CITY- ST- ZIP 2212 Shadowlakes Dr.

Sarasota, Fl 34240

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, by an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Secretary

5/12/97

05/19/97

CR2E034 (9/96)