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FILED
May 07 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 # P94000000303 (5)

1. Corporation Name

J & K PLACEMENT SERVICES, INC.

Principal Place of Business

4023 N. ARMENIA AVE.
STE. 270
TAMPA FL 33607
JJS

Mailing Address

P.O. BOX 152573
TAMPA FL 33684-2573



2. Principal Place of Business

21 3658 S. WESTSHORE BLVD.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 TAMPA, FL

27 City & State

24 Zip

25 33629

28 Zip

29 Hillsborough

30 Country

3. Date Incorporated or Qualified

12/10/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3217705

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

STEWART, JUDITH A
2969 KNIGHTS AVE
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name

KAREN M. COOK

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

6261 29th St. S.

83 City

St. Petersburg

84 State

FL

85 Zip Code

33712

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

Karen M. Cook VTD

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME STEWART, JUDITH A
STREET ADDRESS 2969 KNIGHTS AVE
CITY-ST-ZIP TAMPA FL

TITLE VTD
NAME COOK, KAREN M
STREET ADDRESS 6261 29TH ST. SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 if changed, or on an attachment with an address.

SIGNATURE

Karen M. Cook

4/30/97

813-805-7601

CR2E034 (9/96)