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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:18

DOCUMENT # P94000023979 (5)

1. Corporation Name
HUMAN RESOURCES CONSULTANTS & ADMINISTRATORS, IN C.

Principal Place of Business	Mailing Address
P.O. BOX 2338 LAKE WALES FL 33859-2338	P.O. BOX 2338 LAKE WALES FL 33859-2338

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/29/1994
3a. Date of Last Report:

2. Principal Place of Business
21:
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip:
25. Country:

2a. Mailing Address
26:
27. Suite, Apt. #, etc.:
28. City & State:
29. Zip:
30. Country:

4. FEI Number: 59-3239017 ☐ 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

~~THE PRENTICE HALL CORPORATION SYSTEM, INC.~~
~~1201 HAY ST.~~
~~SUITE 105~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name: Kyle D. Sherman
82 Street Address (P.O. Box Number is Not Acceptable): 244 East Park Avenue
83:
84 City: Lake Wales FL 85 Zip Code: 33853

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: Kyle Sherman — 2/1/95
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	P/D	11 TITLE	☐ Change ☑ Addition
NAME	Anthony K. Mathewson	12 NAME	
STREET ADDRESS	1191 South Lakeshore Blvd.	13 STREET ADDRESS	
CITY-ST-ZIP	Lake Wales, FL 33853	14 CITY-ST-ZIP	
TITLE	S/T/D	21 TITLE	☐ Change ☑ Addition
NAME	Craig W. Benson	22 NAME	
STREET ADDRESS	510 North Oak Avenue	23 STREET ADDRESS	
CITY-ST-ZIP	Bartow, FL 33830	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☑ Addition
NAME	Robert M. Grimes	32 NAME	
STREET ADDRESS	807 Hillside Avenue	33 STREET ADDRESS	
CITY-ST-ZIP	Lake Wales, FL 33853	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 above, if changed, or on any attachment with an address.

SIGNATURE: Anthony K. Mathewson — (813) 678-1337
Signature and Type or Printed Name of Officer or Director — Date — Daytime Phone #
Anthony K. Mathewson, President

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