

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 # P94000023979 (5)

1. Corporation Name

HUMAN RESOURCES CONSULTANTS & ADMINISTRATORS, INC.



Principal Place of Business

P.O. BOX 2338
LAKE WALES FL 33859-2338

Mailing Address

P.O. BOX 2338
LAKE WALES FL 33859-2338

3. Date Incorporated or Qualified
03/29/1994

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 250 E. Park Avenue

26 Suite, Apt. #, etc.

22 State, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Lake Wales, FL 33853

28 City & State

Lake Wales, FL 33853

24 Zip

33853

Country

29 Zip

33853

Country

4. FEI Number
59-3230917

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

10. Name and Address of New Registered Agent

SHERMAN, KYLE D
244 EAST PARK AVENUE
SUITE 105
LAKE WALES FL 33853

81 Name

Michael Butler

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

244 E. 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, and the 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 607.0502, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and 1% if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

Michael Butler

02/01/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MATHEWSON, ANTHONY K
STREET ADDRESS 1191 SOUTH LAKESHORE BLVD.
CITY-STATE-ZIP LAKE WALES FL

TITLE ☒ DELETE

NAME BENSON, CRAIG W
STREET ADDRESS 610 NORTH OAK AVENUE
CITY-STATE-ZIP BARTOW FL

TITLE ☒ DELETE

NAME GRIMES, ROBERT M
STREET ADDRESS 807 HILLSIDE AVENUE
CITY-STATE-ZIP LAKE WALES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
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CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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 as an attachment with an address.

SIGNATURE:

Anthony K. Mathewson

Anthony K. Mathewson, President 02/01/96 (941)678-1337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)