

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 29 1997 8:00am
Secretary of State

DOCUMENT # **P94000023979 (5)**

1. Corporation Name

**HUMAN RESOURCES CONSULTANTS & ADMINISTRATORS, IN
C.**



Principal Place of Business

**250 EAST PARK AVENUE
LAKE WALES FL 33853
US**

Mailing Address

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

3. Date Incorporated or Qualified

03/29/1994

3a. Date of Last Report

02/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 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

**BUTLER, MICHAEL
244 EAST PARK AVENUE
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent

81 Name

Anthony K. Mathewson

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

250 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, 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

Anthony K. Mathewson

Anthony K. Mathewson

1/13/97

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

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

TITLE **ST** ☐ DELETE

NAME **MEALEY, RAYMOND R**
STREET ADDRESS **244 EAST PARK AVENUE**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **D** ☒ DELETE

NAME **SHERMAN, KYLE D**
STREET ADDRESS **244 EAST PARK AVENUE**
CITY-ST-ZIP **LAKE WALES 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

Anthony K. Mathewson

Anthony K. Mathewson

1/13/97

DATE

(800) 989-7515

DAYTIME PHONE #

CR2E034 (9/96)