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

APPROVED AND FILED

95 MAY -1 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027793 (6)

1. Corporation Name

~~DATANET SERVICES, INC.~~

MAXEMPLOY INC

Principal Place of Business
1045 RIVERSIDE AVE
SUITE 107
JACKSONVILLE FL 32204

Mailing Address
1045 RIVERSIDE AVE
SUITE 107
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1994

3a. Date of Last Report: N/A

2. Principal Place of Business
21 1851 Executive Center Dr
Suite, Apt #, etc.
22 200
City & State
23 Jacksonville, FL
24 Zip 32207
25 Country Duval

2a. Mailing Address
26 1851 Executive Center Dr
Suite, Apt #, etc.
27 200
City & State
28 Jacksonville FL
29 Zip 32207
30 Country Duval

4. FEI Number 59-3234304 — 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
GEISLER, MERLE C
1045 RIVERSIDE AVE
SUITE 107
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent
81 Name: GEISLER MERLE C
82 Street Address (P.O. Box Number is Not Acceptable): 2255 Elderberry CT
83 ORANGE PARK FL
84 City: FL
85 Zip Code: 32073

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: M. C. Geisler — 4/28/95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	Pres/D ☒ Change ☐ Addition
NAME	GEISLER, MERLE C	NAME	GEISLER Merle C
STREET ADDRESS	1045 RIVERSIDE AVE SUITE 107	STREET ADDRESS	1851 Executive Center Dr #200
CITY, ST, ZIP	JACKSONVILLE FL 32204	CITY, ST, ZIP	Jacksonville, FL ~~32207~~ 32207
TITLE	D	TITLE	Director/S ☒ Change ☐ Addition
NAME	ADAIR, KAREN K	NAME	ADAIR Karen
STREET ADDRESS	1045 RIVERSIDE AVE SUITE 107	STREET ADDRESS	1851 Executive Center Drive Ste 200
CITY, ST, ZIP	JACKSONVILLE FL 32204	CITY, ST, ZIP	Jacksonville FL 32207
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	400001485004
STREET ADDRESS		STREET ADDRESS	-05/12/95--01012--001
CITY, ST, ZIP		CITY, ST, ZIP	****200.00 ****200.00
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

(H)

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 the annual report or supplemental annual report is true and correct 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: M. C. Geisler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014240 CP