

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 # P94000032182 (5)

1. Corporation Name

PROFESSIONAL EMPLOYERS, INC.

Principal Place of Business

402 43RD STREET WEST  
BRADENTON FL 34209

Mailing Address

402 43RD STREET WEST  
BRADENTON FL 34209

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
04/25/1994

3a. Date of Last Report  
05/01/1995

4. FET Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

GREENE, ROBERT F  
1301 6TH AVE WEST  
SUITE 505  
BRADENTON FL 34205

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BOYD, WILBUR H	
STREET ADDRESS	402 43RD STREET WEST	
CITY - ST - ZIP	BRADENTON FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	BOYD, WILBUR II	
STREET ADDRESS	402 43RD STREET WEST	
CITY - ST - ZIP	BRADENTON FL	
TITLE	DFP	<input checked="" type="checkbox"/> DELETE
NAME	DYNUL, ANDREW H	
STREET ADDRESS	402 3RD ST W	
CITY - ST - ZIP	BRADENTON FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ROSS, BRENDA SMYTH	
STREET ADDRESS	402 43RD ST W	
CITY - ST - ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYD, JAMES E	
STREET ADDRESS	403 43RD ST W	
CITY - ST - ZIP	BRADENTON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BAKER, DIANNA B	
STREET ADDRESS	402 43RD ST WEST	
CITY - ST - ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	LYNN, WAYNE R.
2.4 CITY - ST - ZIP	402-43rd STREET WEST BRADENTON, FL 34209
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	BOYD, VALERIE
3.4 CITY - ST - ZIP	402-43rd STREET WEST BRADENTON, FL 34209
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DVPT
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DP
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DVP
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

SEE CONTINUATION OF PAGE 2

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 on an attachment with an address.

SIGNATURE:

*Myrt A. McQuire*  
MYRT A. MCQUIRE  
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

941/746-0004

Date

Daytime Phone #

CR2E034 (12/95)

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CONTINUATION OF ITEM 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP

S  
MCGUIRE, MYRT H.  
402-43RD STREET WEST  
BRADENTON, FL 34209

☐ CHANGE ☒ ADDITION