FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

FILED
... 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058122 (0)**

1. Corporation Name
EXECUTIVE TEMPORARIES OF SARASOTA, INC.

Principal Place of Business
7265 CLOISTER DR
SARASOTA FL 34231

Mailing Address
~~7265 CLOISTER DR~~
~~SARASOTA FL 34231~~-

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1994
3a. Date of Last Report:

2. Principal Place of Business
2a. Mailing Address: 563 Neponsit Dr
City & State: Venice, FL
Zip: 34293
Country: US

4. FEI Number: 65-0512134 ☐ 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. 199.052 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STARKEY, BARBARA J
7265 CLOISTER DR.
SARASOTA FL 34231

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE: PSC ☐ Change ☐ Addition
NAME: Barbara Starkey
STREET ADDRESS: 7265 Cloister Dr
CITY-ST-ZIP: Sarasota, FL 34231

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(1)(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: Barbara Starkey Barbara Starkey 4/28/95 (813) 493-9625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0339270 CP