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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1998 8:00am

ANNUAL REPORT 1998		Secr	a B. MORTHAM retary of State DF CORPORATIONS	Secretary of State	
1. Corporat	JMENT # P940(CIALTY EMPLOYEE LEASING	00073470 (4	1)		
OI EO	MCII CHI COICE ECHONA	u, IIIO.			
•		Mailing Address		i tonnidit tie later aratt abitt nautr gater autri	18408 (1(1) 4(9)(104)(84() (94)
		PO BOX 4026 Gaineville FL 32613	3		
GAINSEVILLE FL 32605		US	,	DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified 09/29/1994	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3274831	Not Applicable
Suite, Ap	it. #, etc .	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25] 9. Name and Address of Curi	29 rent Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	YesNo ed Agent
EDGE, MICHEAL 81 Name					
4000 BRAY CATLA AVENUE				dress (P.O. Box Number is Not Acceptable)	
<u> </u>					
	Bainesville FL 32605		2 🖳		·····
		1- //	City	F	85 Zip Code
	nt to the province of Sections 607	502 and 607 1508 Florida Sta	itutes, the above-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered
agent. I	am familiar fail) and accept the ox	igations of, Section 607.0505.	Florida Statutes.		
SIGNATURE	Signature, typed or unfeet stage of trigistered	age Olid title approximate	NVIE Regis wod Agent signature requ	uired when reinstating)	98
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	IND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	EDGE, MICHAEL	•	1.2 NAME		
STREET ADDRESS	S 4908 NW 34TH ST #17 GAINESVILLE FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	VP VP	DELETE	2.1 TITLE		Change Addition
NAME	EDGE, HUGH		2.2 NAME		
Street address			2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	[] DELETE	2.4 CITY - ST - ZIP		Observe Addition
TITLE NAME	ST MCLAUGHLIN, PATRICK	DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS	PARAMINERDY & OFFICE	ul st	3.3 STREET ADDRESS		
CITY-ST-ZIP	COLEMAN FL		3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
CIREET ADDRESS	;		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		—	5.2 NAME		
STREET ADDRESS	3		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME CTOTES ADDRESS	.]		6.2 NAME 6.3 Street Address		
STREET ADDRESS CITY - ST - ZIP		/	6.4 DITY-ST-ZIP		
14. I hereby	certify that the information supplied	with this filing does not qualif		Section 119.07(3)(i), Florida Statutes. I further	certify that the information
officer o	ir director of the corporation is the r	rceive or trustee empowered	to execute this report as rea	n Section 119.07(3)(i), Florida Statutes. I further ure shall have the same legal effect as if made quired by Chapter 607, Floride Statutes; and tha	at my name appears in