

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088825 (2)

1. Corporation Name

HR DIRECTIONS, INC.

Principal Place of Business

1915 N DALE MABRY HWY. 307
TAMPA FL 33607

Mailing Address

1915 N DALE MABRY HWY. 307
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3000 Gulf-to-Bay Blvd
Suite, Apt. #, etc.

26 3000 Gulf-to-Bay Blvd
Suite, Apt. #, etc.

4. FEI Number

59-328-7555

Applied For

Not Applicable

22 Suite 309
City & State

27 Suite 309
City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Clearwater, FL
Zip

28 Clearwater, FL
Zip

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 34619
Country

29 34619
Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CLINE, HARRY S
400 CLEVELAND ST, 800
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VANCE, CAROL A
STREET ADDRESS	1915 N DALE MABRY HWY, 307
CITY - ST - ZIP	TAMPA FL 33607
TITLE	VSTD
NAME	BRANNICK, JOAN P
STREET ADDRESS	1915 N DALE MABRY HWY, 307
CITY - ST - ZIP	TAMPA FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	3000 Gulf-to-Bay Blvd Suite 309
1.4 CITY - ST - ZIP	Clearwater, FL 34619
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	3000 Gulf-to-Bay Blvd, Suite 309
2.4 CITY - ST - ZIP	Clearwater, FL 34619
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 my approval.

SIGNATURE:

Carol A. Vance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)