

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 # P94000088825 (2)

1. Corporation Name

HR DIRECTIONS, INC.



Principal Place of Business

Mailing Address

3000 GULF-TO-BAY BLVD.
SUITE 309
CLEARWATER FL 34619
US

3000 GULF-TO-BAY BLVD.
SUITE 309
CLEARWATER FL 34619
US

3. Date Incorporated or Qualified

12/05/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 5300 W. CYPRESS ST

26 5300 W. CYPRESS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 145

27 SUITE 145

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

Zip

Country

Zip

Country

24 33607

25 US

29 33607

30 US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 the applicable date.

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
VANCE, CAROL A
3000 GULF-TO-BAY BLVD, SUITE 309
CLEARWATER FL

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
BRANNICK, JOAN P
3000 GULF-TO-BAY BLVD. SUITE 309
CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
5300 W. CYPRESS ST, SUITE 145
TAMPA, FL 33607

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
VICE PRESIDENT
DAVID J CROWLEY
5300 W CYPRESS ST, SUITE 145
TAMPA, FL 33607

4.1 TITLE ☐ Change ☒ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
SECRETARY & TREASURER
CHERYL L CROWLEY
5300 W CYPRESS ST, SUITE 145
TAMPA, FL 33607

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)