

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 5-23-96 D-65836

DOCUMENT # P94000093611 (9)

1. Corporation Name

PROFESSIONAL EMPLOYEE MANAGEMENT II, INC.



Principal Place of Business

3639 CORTEZ ROAD WEST
SUITE 200
BRADENTON FL 34210

Mailing Address

3639 CORTEZ ROAD WEST
SUITE 200
BRADENTON FL 34210

3. Date Incorporated or Qualified
12/28/1994

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0543001

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOCKERY, CESESTE D
3639 CORTEZ ROAD WEST
SUITE 200
BRADENTON FL 34210

moved

81 Name

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

314 Ringling Pl. Dr

83

84 City

Sarasota

FL

85 Zip Code

34234

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DOCKERY, CELESTE D	
STREET ADDRESS	3639 CORTEZ RD. WEST, STE. 200	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FEDDER, DARRIN	
STREET ADDRESS	3639 CORTEZ RD. WEST, STE. 200	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRUMLEY, DEBORAH	
STREET ADDRESS	3639 CORTEZ RD. WEST, STE. 200	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOLLERTON, JIM	
STREET ADDRESS	3639 CORTEZ RD. WEST, STE. 200	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEUHAUSER, JON	
STREET ADDRESS	3639 CORTEZ RD. WEST, STE. 200	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ARCADI, DARIA L.	
STREET ADDRESS	3639 CORTEZ RD W	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Roy Young
1.3 STREET ADDRESS	3639 Cortez Rd W
1.4 CITY-ST-ZIP	Bradenton FL 34210
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Celeste Dockery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/96 941/758-4444

Daytime Phone #

CR2E034 (12/95)