FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:00

DOCUMENT # **P94000093619 (2)**

1. Corporation Name

PROFESSIONAL EMPLOYEE MANAGEMENT III, INC.

Principal Place of Business	Mailing Address
3639 CORTEZ ROAD WEST SUITE 200 BRADENTON FL 34210	3639 CORTEZ ROAD WEST SUITE 200 BRADENTON FL 34210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/28/1994
3a. Date of Last Report:
4. FEI Number: 65-054 3002 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DOCKERY, CELESTE D
3639 CORTEZ RD. WEST
SUITE 200
BRADENTON FL 34210

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	President	☐ Change ☒ Addition
NAME	DOCKERY, CELESTE D	1.2 NAME	Dockery, Celeste D.	
STREET ADDRESS	3639 CORTEZ RD. WEST, STE. 200	1.3 STREET ADDRESS	3639 Cortez Rd.W.	
CITY-ST-ZIP	BRADENTON FL 34210	1.4 CITY-ST-ZIP	Bradenton, FL 34210	
TITLE	D	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	FEDDER, DARRIN	2.2 NAME	Fedder, Darrin	
STREET ADDRESS	3639 CORTEZ RD. WEST, STE. 200	2.3 STREET ADDRESS	3639 Cortez Rd.W.,	
CITY-ST-ZIP	BRADENTON FL 34210	2.4 CITY-ST-ZIP	Bradenton, FL 34210	
TITLE	D	3.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	CRUMLEY, DEBORAH	3.2 NAME	Arcadi, Daria L.	
STREET ADDRESS	3639 CORTEZ RD. WEST, STE. 200	3.3 STREET ADDRESS	3639 Cortez Rd. W.	
CITY-ST-ZIP	BRADENTON FL 34210	3.4 CITY-ST-ZIP	Bradenton, FL 34210	
TITLE	D	4.1 TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME	TOLLERTON, JIM	4.2 NAME	Jurney, Carole Jo	
STREET ADDRESS	3639 CORTEZ RD. WEST, STE. 200	4.3 STREET ADDRESS	3630 Cortez Road West	
CITY-ST-ZIP	BRADENTON FL 34210	4.4 CITY-ST-ZIP	Bradenton, FL 34210	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	NEUHAUSER, JON	5.2 NAME		
STREET ADDRESS	3639 CORTEZ RD. WEST, STE. 200	5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34210	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Carole Jo Jurney, Secy. March 30, 1995 (813) 756-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Carole Jo Jurney, Secretary

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