

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 # P95000003120 (9)

1. Corporation Name

CAPITAL CAREER SOLUTIONS, INC.



Principal Place of Business

1250-K BLOUNTSTOWN HWY.
PARK 20 WEST
TALLAHASSEE FL 32304

Mailing Address

1250-K BLOUNTSTOWN HWY.
PARK 20 WEST
TALLAHASSEE FL 32304

3. Date Incorporated or Qualified
01/10/1995

3a. Date of Last Report
1/95

2. Principal Place of Business

2a. Mailing Address

21 1250 K Blountstown Hwy.

26 1250 K Blountstown Hwy. 59-3287707

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State

City & State

23 Tallahassee, Fl.

28 Tallahassee, Fl.

Zip

Zip

24 32304

29 32304

Country

Country

25 LEON

30 LEON

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAY, KIMBERLY A
1250-K BLOUNTSTOWN HWY.
PARK 20 WEST
TALLAHASSEE FL 32304

81 Name Kimberly A. Gay

82 Street Address (P.O. Box Number is Not Acceptable)
1250-K Blountstown Hwy.

83

84 City Tallahassee, Fl.

FL

85 Zip Code 32304

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 not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME Sherni Harris
STREET ADDRESS 2520 Lake Front Drive
CITY-ST-ZIP Tallahassee, Fl. 32305

TITLE ☒ DELETE

NAME Gerald A. Gay, III
STREET ADDRESS 711 Bonita Ave.
CITY-ST-ZIP Quincy, Fl. 32351

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/20/96 904-576-9966

CR2E034 (12/95)