

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90056 025 ***150.00

DOCUMENT # P95000016457

1. Corporation Name
CORE EMPLOYER SERVICES, INC.

Principal Place of Business

1938 LONG BOAT DR
LAKELAND FL 33810
US

Mailing Address

1938 LONG BOAT DR
LAKELAND FL 33810
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1995

4. FEI Number

59-3299321

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 owes the current year intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 12600 S. BELCHER RD

Suite, Apt. #, etc.

22 SUITE 104

City & State

23 LARGO, FL 3

Zip

24 33773 25 USA

2a. Mailing Address

26 12600 S. BELCHER RD.

Suite, Apt. #, etc.

27 SUITE 104

City & State

28 LARGO, FL

Zip

29 33773 30 USA

9. Name and Address of Current Registered Agent

DIROSE, J. RICHARD
12600 S. BELCHER RD.
SUITE 104
LARGO FL 33733

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME MACKAY, BOB
STREET ADDRESS 1938 LONG BOAT DR
CITY-ST-ZIP LAKELAND FL

TITLE PVST ☒ DELETE

NAME MACKAY, BOB
STREET ADDRESS 1938 LONG BOAT DR
CITY-ST-ZIP LAKELAND 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 CHAIRMAN OF THE BOARD ☐ Change ☒ Addition

1.2 NAME J. RICHARD DIROSE

1.3 STREET ADDRESS 12600 S. BELCHER RD. STE. 104

1.4 CITY-ST-ZIP LARGO, FL 33773

2.1 TITLE PRESIDENT ☐ Change ☒ Addition

2.2 NAME EDGAR O. RAWLS

2.3 STREET ADDRESS 12600 S. BELCHER RD. STE 104

2.4 CITY-ST-ZIP LARGO, FL 33773

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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: EDGAR O. RAWLS

3-24-99 727-535-2673

Date

Daytime Phone #

CR2E034 (11/98)

0433984