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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000024845 (6)

HUMAN RESOURCES INFORMATION SYSTEMS, INCORPORATE

FILED Mar 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3608 GUNN HIGHWAY, SUITE 202 3808 GUNN HIGHWAY, SUITE 202 TAMPA FL 33624 TAMPA FL 33624 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1995 Principal Place of Busines Applied For 3808 G-un 1 21 26 59-3306213 Not Applicable \$8.75 Additional 5. Certificate of Status Desired SOS 200 Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes ΠÑα 24 Personal Property Tax due June 30. 25 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRADBURY, RICHARD R 8631 MAY CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33614 83 84 City Zip Code 85 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change ☐ Addition TITLE FOLEY, JOHN J III 1.2 NAME NAME 9517 NORTH ALBANY AVENUE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33612** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE BRADBURY, RICHARD R 2.2 NAME NAME 8631 MAY CIRCLE STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33614** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CiTY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 appearance 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 on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of the receiver or trustee empowered. Block 12 or Block 13 if change

3/17/98