

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000027508 (7)

1. Corporation Name

PERSONNEL ASSESSMENTS, INC.



Principal Place of Business

12843 S MUIRFIELD BLVD.
JACKSONVILLE FL 32225

Mailing Address

12843 S MUIRFIELD BLVD.
JACKSONVILLE FL 32225

2. Principal Place of Business

21 202 ATP TOUR BLVD

Suite, Apt. #, etc.

22 SUITE 250

City & State

23 PONTE VEDRA BEACH FL

Zip

24 32082

Country

2a. Mailing Address

26 202 ATP TOUR BLVD.

Suite, Apt. #, etc.

27 SUITE 250

City & State

28 PONTE VEDRA BEACH FL

Zip

29 32082

Country

3. Date Incorporated or Qualified

03/31/1995

3a. Date of Last Report

4. FEI Number

593316397

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

9. Name and Address of Current Registered Agent

BALL, JOHN S
1 INDEPENDENT DRIVE
SUITE 2600
JACKSONVILLE FL 32202

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 (if not applicable)

(P.O. Box - Agent's signature must be handwritten)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BENDER, WILLIAM C
STREET ADDRESS 12843 S MUIRFIELD BLVD
CITY - ST - ZIP JACKSONVILLE FL 32225 ☐ DELETE

TITLE D
NAME BENDER, OLGA
STREET ADDRESS 12843 S MUIRFIELD BLVD
CITY - ST - ZIP JACKSONVILLE FL 32225 ☐ DELETE

TITLE D
NAME HEIL, WILLIAM
STREET ADDRESS 187 COASTAL OAK CIRCLE
CITY - ST - ZIP PONTE VEDRA BEACH FL 32082 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

William D BENDER ☒ Change ☐ Addition
187 COASTAL OAK CIRCLE
PONTE VEDRA BEACH FL 32082

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, unchanged, or on an attachment with an address

SIGNATURE:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William D BENDER Vice President 4/1/1996 904-286-0358

CR2E034 (12/95)