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FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000027508 (7)

1. Corporation Name

PERSONNEL ASSESSMENTS, INC.

Principal Place of Business

202 ATP TOUR BLVD
STE 250
PONTE VEDRA BEACH FL 32082
US

Mailing Address

SAME
STE 250
PONTE VEDRA BEACH FL 32082
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 202 ATP TOUR BLVD

Suite, Apt. #, etc.

22 250

City & State

23 PONTE VEDRA BEACH FL

Zip

24 32082

Country

25 USA

2a. Mailing Address

26 202 ATP TOUR BLVD

Suite, Apt. #, etc.

27 # 250

City & State

28 PONTE VEDRA BEACH FL

Zip

29 32082

Country

30 USA

3. Date Incorporated or Qualified

03/31/1995

4. FEI Number

59-3316397

Applied For

X Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BALL, JOHN S
1 INDEPENDENT DRIVE
SUITE 2000
JACKSONVILLE FL 32202

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 completed agent and date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/98

12. OFFICERS AND DIRECTORS

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

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

TITLE P
NAME BEXIDER, WILLIAM D.
STREET ADDRESS 187 COASTAL OAK CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE BENDER, William C.
1.2 NAME 1401 SPINNAKER BEACH DRIVE
1.3 STREET ADDRESS Ponte Vedra Beach FL 32082
1.4 CITY-ST-ZIP

2.1 TITLE BENDER OLGA
2.2 NAME 1401 SPINNAKER BEACH DRIVE
2.3 STREET ADDRESS Ponte Vedra Beach FL 32082
2.4 CITY-ST-ZIP

3.1 TITLE BENDER William D.
3.2 NAME 187 COASTAL OAK CIRCLE
3.3 STREET ADDRESS Ponte Vedra Beach FL 32082
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.

SIGNATURE

4/18/98

6041800334

CR2E034 (10/97)