

**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 # **P95000044901 (3)**

1. Corporation Name  
**A-1 EMPLOYEE SERVICES, INC.**



Principal Place of Business  
**38053 E. PASCO AVE.  
DADE CITY FL 33525**

Mailing Address  
**38053 E. PASCO AVE.  
DADE CITY FL 33525**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified  
**06/02/1995**

3a. Date of Last Report

4. FEI Number

**59-3322893**

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

**GULLEN, GLORIA J  
38053 E. PASCO AVE.  
DADE CITY FL 33525**

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 the person signing this statement

Signature, typed or printed name of the person signing this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  DELETE  
NAME **GULLEN, GLORIA J**  
STREET ADDRESS **13848 4TH ST., #205**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D**  DELETE  
NAME **O'CONNELL, CAROL D**  
STREET ADDRESS **PO BOX 953**  
CITY-ST-ZIP **DADE CITY FL 33526-0953**

TITLE **D**  DELETE  
NAME **KNOWLES, JACQUELINE V**  
STREET ADDRESS **5154 SHOREWOOD DR.**  
CITY-ST-ZIP **RIDGE MANOR FL 33525**

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

11 TITLE **VP**  Change  Addition  
12 NAME  
13 STREET ADDRESS **13848 4th St. #205**  
14 CITY-ST-ZIP **Dade City Fl. 33525**

21 TITLE **P**  Change  Addition  
22 NAME  
23 STREET ADDRESS **38053 Pasco Ave**  
24 CITY-ST-ZIP **Dade City Fl. 33525**

31 TITLE **S/T**  Change  Addition  
32 NAME  
33 STREET ADDRESS **5154 Shorewood Dr**  
34 CITY-ST-ZIP **Ridge Manor Fl 33525**

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP **700001858727**  
**-06/11/96--01157--022**

51 TITLE **\*\*\*225.00**  Change  Addition  
52 NAME  
53 STREET ADDRESS

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

*Gloria J. Gullen* **Gloria J. Gullen**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/95**  
DATE

**352 521 0108**  
Telephone Number

CR2E034 (12/95)