

**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**

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>06/02/1995</b>  | 3a. Date of Last Report               |
| 4. FEI Number<br><b>59-3322893</b>  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

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  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of the person designated as registered agent in Block 9. If the registered agent signature represents a corporation, the name of the corporation shall be typed or printed.

12. OFFICERS AND DIRECTORS

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>GULLEN, GLORIA J</b>        |                                 |
| STREET ADDRESS | <b>13848 4TH ST., #205</b>     |                                 |
| CITY-ST-ZIP    | <b>DADE CITY FL 33525</b>      |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>O'CONNELL, CAROL D</b>      |                                 |
| STREET ADDRESS | <b>PO BOX 953</b>              |                                 |
| CITY-ST-ZIP    | <b>DADE CITY FL 33526-0953</b> |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>KNOWLES, JACQUELINE V</b>   |                                 |
| STREET ADDRESS | <b>5154 SHOREWOOD DR.</b>      |                                 |
| CITY-ST-ZIP    | <b>RIDGE MANOR FL 33525</b>    |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                             |  |
|--------------------|-----------------------------|--|
| 11. TITLE          | <b>VP</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME           | <b>13848 4th St. #205</b>   |  |
| 13. STREET ADDRESS | <b>Dade City Fl. 33525</b>  |  |
| 14. CITY-ST-ZIP    |                             |  |
| 21. TITLE          | <b>P</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           | <b>38053 Pasco Ave</b>      |  |
| 23. STREET ADDRESS | <b>Dade City Fl. 33525</b>  |  |
| 24. CITY-ST-ZIP    |                             |  |
| 31. TITLE          | <b>S/T</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME           | <b>5154 Shorewood Dr</b>    |  |
| 33. STREET ADDRESS | <b>Ridge Manor Fl 33525</b> |  |
| 34. CITY-ST-ZIP    |                             |  |
| 41. TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42. NAME           |                             |  |
| 43. STREET ADDRESS |                             |  |
| 44. CITY-ST-ZIP    |                             |  |
| 51. TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52. NAME           |                             |  |
| 53. STREET ADDRESS |                             |  |
| 54. CITY-ST-ZIP    |                             |  |
| 61. TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62. NAME           |                             |  |
| 63. STREET ADDRESS |                             |  |
| 64. CITY-ST-ZIP    |                             |  |

**700001858727  
-06/11/96--01157--022  
\*\*\*225.00**

*pm 4/26/96*

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 person 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** **4/26/95** **352 521 0108**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)