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FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000049512 (3)

1. Corporation Name  
THE OUTSOURCE CENTER, INC.



Principal Place of Business

36 TROPIC BLVD. WEST #3  
LARGO FL 34840  
US

Mailing Address

36 TROPIC BLVD. WEST #3  
LARGO FL 33770-2105  
US

2. Principal Place of Business

21 3936 Belle Oak Blvd

Suite, Apt. #, etc.

22

City & State

23 LARGO FLORIDA

Zip

24 33771

Country

2a. Mailing Address

26 3936 Belle Oak Blvd.

Suite, Apt. #, etc.

27

City & State

28 LARGO FLORIDA

Zip

29 33771

Country

30

3. Date Incorporated or Qualified

06/22/1995

3a. Date of Last Report

01/24/1996

4. FEI Number

59-3320688

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

HARGREAVES, SUSAN E  
357 BAHIA VISTA DR  
INDIAN ROCKS BEACH FL 34835

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

420 Gulf Blvd, # 305

83

84 City

Indian Rocks Beach FL

85 Zip Code

33785

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

*Susan Hargreaves*

(NOTE: Registered Agent signature required when reinstating)

4/18/97

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HARGREAVES, SUSAN  
STREET ADDRESS 357 BAHIA VISTA DRIVE  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 34835

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

CR2E034 (9/96)