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May 02 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 # P95000056025 (6)

1. Corporation Name

HUMAN CAPITAL RESOURCES, INC.



Principal Place of Business

600 BYPASS DRIVE
215
CLEARWATER FL 34624
US

Mailing Address

600 BYPASS DRIVE
215
CLEARWATER FL 34624-5075
US

2. Principal Place of Business

21 424 Central Ave.

Suite, Apt. #, etc.

22 5th Floor

City & State

23 St. Petersburg FL

Zip

24 33701

Country

25 Pinellas

2a. Mailing Address

26 424 Central Ave.

Suite, Apt. #, etc.

27 5th Floor

City & State

28 St. Petersburg, FL

Zip

29 33701

Country

30 Pinellas

3. Date Incorporated or Qualified

07/18/1995

3a. Date of Last Report

07/02/1996

4. FEI Number

59-3330564

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

MILLER, RANDELL
315 S HYDE PARK AVE
TAMPA FL 33606

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

NAME

STREET ADDRESS

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)