

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 # P95000068609 (3)

1. Corporation Name

PRO SEARCH NETWORK, INC.



Principal Place of Business

5908 IDLE FOREST PL.
TAMPA FL 33614

Mailing Address

5908 IDLE FOREST PL.
TAMPA FL 33614

3. Date Incorporated or Qualified
09/01/1995

3a. Date of Last Report
FIRST REPORT

2. Principal Place of Business

21 4100 W. KENNEDY BLVD

2a. Mailing Address

26 4100 W. KENNEDY BLVD

4. FEI Number

59-3336047

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 300

Suite, Apt. #, etc.

27 SUITE 300

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 TAMPA, FL.

City & State

28 TAMPA, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33609

Country

25 HILSBOROUGH

Zip

29 33609

Country

30 HILSBOROUGH

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SKINNER, BOBBIE S
5908 IDLE FOREST PL.
TAMPA FL 33614

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 D ☐ DELETE

NAME HEWITT, ROBERT A
STREET ADDRESS 5908 IDLE FOREST PL.
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ DELETE

NAME SKINNER, BOBBIE S
STREET ADDRESS 5908 IDLE FOREST PL.
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ DELETE

NAME KROUPA, WILLIAM J
STREET ADDRESS 1812 LAKE CYPRESS DR.
CITY-ST-ZIP SAFETY HARBOUR FL 34695

TITLE D ☐ DELETE

NAME KROUPA, SUSAN R
STREET ADDRESS 1812 LAKE CYPRESS DR.
CITY-ST-ZIP SAFETY HARBOUR FL 34695

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. HEWITT

4/22/96

(813) 287-8566

CR2E034 (12/95)