

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 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 # P95000081993 (4)

1. Corporation Name
PROTEAM & ASSOCIATES, INC.



Principal Place of Business
5140 WEST MAIN
UNIT 8
NEWPORT RICHEY FL 34652

Mailing Address
5140 WEST MAIN
UNIT 8
NEWPORT RICHEY FL 34652

3. Date Incorporated or Qualified
10/25/1995

3a. Date of Last Report
04/10/1996

4. FEI Number
59-3340024

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

2. Principal Place of Business
21 1912 A Calumet Street
Suite Apt. # etc.
22 City & State
23 Clearwater, FL 34625
Zip 34625 Country USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27 City & State
28 Zip 34625 Country USA

9. Name and Address of Current Registered Agent

WILLIAMSON, JIM
5140 WEST MAIN
UNIT 8
NEWPORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name
William K. Lovelace, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)
2310 West Bay Drive

83

84 City
Largo

85 Zip Code
FL 33770

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

William K. Lovelace
Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

1/16/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PO	WILLIAMSON, JIM	4128 INVERRARY BLVD. #65B	LAUDERHILL FL 33319	<input checked="" type="checkbox"/>
STD	BOWYER, FRED	335 WIND RUSH LOOPD. #65B	TAPON SPRINGS FL 34689	<input checked="" type="checkbox"/>
VD	CALCATERRA, TERRY	2419 GULF-TO-BAY, LOT 926	CLEARWATER FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
PSD	BOWYER, FRED	1520 Gulf Blvd., Unit 1904	Clearwater, FL 34630	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	BOWYER, DENISSE	1520 Gulf Blvd., Unit 1904	Clearwater, FL 34630	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	CALCATERRA, TERRY	2419 Gulf-To-Bay, Lot 926	Clearwater, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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, on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)