

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Aug 13 1996 8:00 am
Secretary of State

DOCUMENT # P95000093729
 1. Corporation Name
EMPLOYER SOLUTIONS, INC.



Principal Place of Business: **8084 North Davis Hwy, Suite 295, Pensacola, Florida 32514**
 Mailing Address: **8084 North Davis Hwy, Suite 295, Pensacola, Florida 32514**

2. Principal Place of Business: **21 Suite, Apt. #, etc.**
22 City & State
23 Zip **25 Country**
24
2a. Mailing Address
26 P.O. Box 784
27 Suite, Apt. #, etc.
28 SELMER TN
29 38375 **30 MInnary**

3. Date Incorporated or Qualified: **Dec 8, 1995**
 3a. Date of Last Report
 4. FEI Number: **59-3349166**
 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
KAREN ALLSBROOK
517 N. BAYLEN ST
PENSACOLA, FL 32501

10. Name and Address of New Registered Agent
81 Name **HOWARD WINTERS**
82 Street Address (P.O. Box Number is Not Acceptable) **560 DESERT OAK DR**
83
84 City **PENSACOLA** **FL** **85 Zip Code** **32514**

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: *Howard Winters* **8-6-96**
 Signature for principal place of business for agent and the applicable (b)(7)(C) Registered Agent signature required when applicable (b)(1)

12. OFFICERS AND DIRECTORS

TITLE	Director & President	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD WINTERS	
STREET ADDRESS	517 N. BAYLEN ST	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Director & President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add or
12 NAME	LARRY WINKLES	
13 STREET ADDRESS	166 Franklin Street	
14 CITY-ST-ZIP	Selmer, TN. 38375	
21 TITLE	Director and Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Robert Parry	
23 STREET ADDRESS	251 Mollic Drive	
24 CITY-ST-ZIP	Selmer, TN. 38375	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
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		

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Larry Winkles* **8-6-96** **401-645-5121**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Larry Winkles, President**
 Date: **8/13/96**

CR2E034 (3/96)