


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90127 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000011342		
1. Corporation Name EMPLOYMENT SERVICES OF OCALA, INC.		



Principal Place of Business 739 EAST SILVER SPRINGS BLVD. OCALA FL 34470	Mailing Address 739 EAST SILVER SPRINGS BLVD. OCALA FL 34470
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/06/1996	4. FEI Number 65-0639320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5.00 May Be Added to Fees	8. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent BEHAN, SWANSON & WILL 2522 SW 27TH AVE OCALA FL 34474	10. Name and Address of New Registered Agent William T. Faine Certified Public Accountant 38 S. E. 15th Terrace Ocala, Fl. 34471
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute

SIGNATURE William T. Faine DATE 3/26/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAUBE, LARRY E 739 E SILVER SPRINGS OCALA FL 34470	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROBERTS, WILLIAM P 739 EAST SILVER SPRINGS BLVD. OCALA FL 34470	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: William T. Faine DATE 1/22/99 352-40-9188
 Signature and typed or printed name of signing officer or director. Daytime Phone #

Re: P96000011342

CR2E034 (1/198)