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FILED
Jun 11 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 # P96000015923 (1)
1. Corporation Name
THE HR CONNECTION, INC.



Principal Place of Business

5991 CHESTER AVENUE
SUITE 111
JACKSONVILLE FL 32217

Mailing Address

5991 CHESTER AVENUE
SUITE 111
JACKSONVILLE FL 32217-2265

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/21/1996

3a. Date of Last Report

4. FEI Number

59-3365844

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

LANKFORD, GAYLYNN
2350 MILLER OAKS DRIVE, SOUTH
JACKSONVILLE FL 32217

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 607.1505, Florida Statutes.

SIGNATURE

Gaylynn Lanford

(NOTE: Registered Agent's signature required when reinstating)

4/29/97

12.

OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

GAYLYNN LANKFORD
2350 MILLER OAKS DR. S.
JACKSONVILLE, FL 32217

CITY-ST-ZIP PRESIDENT/DIRECTOR

TITLE NAME ☐ DELETE

SEC./TREASURER
LAWRENCE LANKFORD
2350 MILLER OAKS DR. S.
JACKSONVILLE, FL 32217

CITY-ST-ZIP

TITLE NAME ☐ DELETE

DIRECTOR
SUZANNE MONTALVO
12961 TREE WAY CT. S.
JACKSONVILLE, FL 32258

CITY-ST-ZIP

TITLE NAME ☐ DELETE

DIRECTOR
CHIC HOLLIDAY
3909 SAN PABLO RD. S.
JACKSONVILLE, FL 32224

CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

Gaylynn Lanford

GAYLYNN LANKFORD

904-737-4787

4/29/97

CR2E034 (9/96)