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FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1996

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 6015 CHESTER CIRCLE

Suite, Apt. #, etc.

22 SUITE # 111

City & State

23 JACKSONVILLE, FL

Zip

24 32217

Country

25 USA

2a. Mailing Address

26 6015 CHESTER CIRCLE

Suite, Apt. #, etc.

27 SUITE # 111

City & State

28 JACKSONVILLE, FL

Zip

29 32217

Country

30 USA

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 607.0505, 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 PD ☐ DELETE

NAME LANKFORD, GAYLYNN  
STREET ADDRESS 2350 MILLER OAKS DR S  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ST ☐ DELETE

NAME LANKFORD, LAWRENCE  
STREET ADDRESS 2350 MILLER OAKS DR S  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME HOLLIDAY, CHIC  
STREET ADDRESS 3909 SAN PABLO RD S  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME MONTALVO, SUZANNE  
STREET ADDRESS 12961 TREE WAY CT. S.  
CITY-ST-ZIP JACKSONVILLE FL 32258

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 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:

4-29-98

804-782-4787

CR2E034 (10/97)