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FILED  
Mar 17 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 # P96000017075 (8)

1. Corporation Name

BUCHANAN GROUP EMPLOYERS SERVICES, INC.

Principal Place of Business

Mailing Address

ATTN: DEBORAH L. LANGEN  
375 COMMERCE PARKWAY, SUITE 201  
ROCKLEDGE FL 32955

ATTN: DEBORAH L. LANGEN  
375 COMMERCE PARKWAY, SUITE 201  
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1996

4. FEI Number

59-3362523

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BUCHANAN, MARK S  
319 RIVEREDGE BLVD  
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name

BUCHANAN, MARK S.

82 Street Address (P.O. Box Number is Not Acceptable)

375 COMMERCE PARKWAY

83

SUITE 201

84 City

ROCKLEDGE

FL

85 Zip Code

32955

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 of 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 of person printing name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE

NAME TEAGUE, TONI M  
STREET ADDRESS 317 RIVEREDGE BLVD  
CITY-ST-ZIP COCOA FL

TITLE P ☒ DELETE

NAME HILL, MIKE  
STREET ADDRESS 317 RIVEREDGE BLVD  
CITY-ST-ZIP COCOA FL

TITLE DS ☐ DELETE

NAME BUCHANAN, MARK S  
STREET ADDRESS 317 RIVEREDGE BLVD  
CITY-ST-ZIP COCOA FL

TITLE DT ☐ DELETE

NAME LONG, DONALD  
STREET ADDRESS 319 RIVEREDGE BLVD  
CITY-ST-ZIP COCOA FL

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 375 COMMERCE PARKWAY SUITE 201  
1.4 CITY-ST-ZIP ROCKLEDGE FLORIDA 32955

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME P  
2.3 STREET ADDRESS HOUSER, WESLEY JR.  
2.4 CITY-ST-ZIP 375 COMMERCE PARKWAY SUITE 201  
ROCKLEDGE, FLORIDA 32955

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 375 COMMERCE PARKWAY SUITE 201  
3.4 CITY-ST-ZIP ROCKLEDGE FLORIDA 32955

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 375 COMMERCE PARKWAY SUITE 201  
4.4 CITY-ST-ZIP ROCKLEDGE FLORIDA 32955

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

3-9-98 (407) 631-0070

CR2E034 (10/97)