

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000043803 (1)

1. Corporation Name

FLORIDA JOB LINK CORPORATION

Principal Place of Business

3408 SEVILLA STREET
TAMPA FL 33629

Mailing Address

3408 SEVILLA STREET
TAMPA FL 33629-7952

3. Date Incorporated or Qualified

05/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FFL Number

59-3379603

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Jeffrey M. Wells

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

3408 Sevilla St.

83

84 City

Tampa

FL

85 Zip Code

33629

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

Jeffrey M. Wells (Jeffrey M. Wells, President) 4/28/97

Signature of principal or person of registered agent and file if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GOODNIGHT, C. ALAN
STREET ADDRESS 3408 SEVILLA STREET
CITY-ST-ZIP TAMPA FL 33629 ☒ DELETE

TITLE VSTD
NAME WELLS, JEFFREY M
STREET ADDRESS 3408 SEVILLA STREET
CITY-ST-ZIP TAMPA FL 33629 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME Anne P. Wells
1.3 STREET ADDRESS 3408 Sevilla St.
1.4 CITY-ST-ZIP Tampa, FL ☐ Change ☒ Addition

2.1 TITLE President, Secy, Treas
2.2 NAME Jeffrey M. Wells
2.3 STREET ADDRESS 3408 Sevilla St.
2.4 CITY-ST-ZIP Tampa, FL 33629 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey M. Wells 4/28/97 (813) 831-9536

Date

Daytime Phone #

0367000

CR2E034 (9/96)