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**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90131 005 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000060509**

1. Corporation Name

**HIRE POWER GROUP, INC.**

Principal Place of Business

**1201 W CENTRAL BLVD  
ORLANDO FL 32805**

Mailing Address

**PO BOX 1826  
CHANDLER AZ 85284**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/17/1996**

4. FEI Number

**59-3391578**

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**OLIVER, PEARLINE  
1201 W CENTRAL BLVD  
ORLANDO FL 32805**

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 **PCD** ☐ DELETE  
NAME **JUSSEAVME, ROGER J**  
STREET ADDRESS **1125 VEGAS VALLEY DR.**  
CITY-ST-ZIP **LAS VEGAS NV**

TITLE **V** ☐ DELETE  
NAME **YELLING, WILLIAM J**  
STREET ADDRESS **2405 LARCHMOOR PARKWAY**  
CITY-ST-ZIP **CANTON OH**

TITLE **V** ☐ DELETE  
NAME **SCHOFIELD, MICHAEL J**  
STREET ADDRESS **1414 E, APPALOOSA CT.**  
CITY-ST-ZIP **GILBERT AZ**

TITLE **ST** ☐ DELETE  
NAME **CARLSON, RICHARD E**  
STREET ADDRESS **901 W. BARBADOS DR.**  
CITY-ST-ZIP **GILBERT AZ**

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 **1245 W. GUADALUPE 86-227**  
1.4 CITY-ST-ZIP **MESA AZ 85202**

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, with all other like empowered.

SIGNATURE:

**Richard E. Carlson** Treasurer

**2/16/99 (602) 820-0123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)