

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. North
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075776 (0)

1. Corporation Name

CAREER CONCEPTS & ASSOCIATES, INC.

FILED
97 JUL -9 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

2770 N.W. 43RD STREET
GAINESVILLE FL 32608

2770 N.W. 43RD STREET
GAINESVILLE FL 32608-7464

2. Principal Place of Business

21 4045 NW 43rd Street

Suite, Apt. #, etc.

22 Suite B

City & State

23 Gainesville, FL

Zip Country

24 32606

25

2a. Mailing Address

26 4045 NW 43rd Street

Suite, Apt. #, etc.

27 Suite B

City & State

28 Gainesville, FL

Zip Country

29 32606

30

3. Date Incorporated or Qualified

3a. Date of Last Report

09/09/1996

4. FEI Number

Applied For

59-3398060

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, WYNDOL
2770 N.W. 43RD STREET
GAINESVILLE FL 32608

81 Name

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

4045 NW 43rd Street

83

84 Suite B

Gainesville

FL

85

Zip Code

32606

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's signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME President

STREET ADDRESS Smith, Wyndol

CITY-ST-ZIP Rt. 1, Box 530 - 13221 N.E. 203 Ter

Waldo, FL 32694

TITLE ☐ DELETE

NAME Vice President

STREET ADDRESS Smith, Erin G.

CITY-ST-ZIP P.O. Box 85

Earleton, Fla. 32631

TITLE ☐ DELETE

NAME Secretary

STREET ADDRESS Smith, Wyndol

CITY-ST-ZIP Rt. 1, Box 530 - 13221 N.E. 203 Ter

Waldo, FL 32694

TITLE ☐ DELETE

NAME Treasurer

STREET ADDRESS Smith, Wyndol

CITY-ST-ZIP Rt. 1, Box 530 - 13221 N.E. 203 Ter

Waldo, FL 32694

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

☐ Change ☐ Addition

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****165.00 ****165.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ 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:

WYNDOL SMITH

4/29/97

352-322-5760

CR2E034 (9/96)