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PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **P96000078499 (6)** N/C 3/27/97

1. Corporation Name
~~WWD TITLE & APPRAISAL SERVICES, INC.~~
Employee Screening & Assessments, Inc.

Principal Place of Business	Mailing Address
~~1115 E. ALTAMONTE DRIVE~~ ~~ALTAMONTE SPRINGS FL 32701~~	~~1115 E. ALTAMONTE DRIVE~~ ~~ALTAMONTE SPRINGS FL 32701-5000~~

3. Date Incorporated or Qualified: 09/20/1996
3a. Date of Last Report: None

2. Principal Place of Business	2a. Mailing Address
21 4042 Gallagher Loop	26 4042 Gallagher Loop
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Casselberry, FL	28 City & State: Casselberry, FL
24 Zip: 32707 25 Country: USA	29 Zip: 32707 30 Country: USA

4. FEI Number: 59-3400724 ☐ 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	10. Name and Address of New Registered Agent
LINNERT, DOUGLAS F ~~1115 E. ALTAMONTE DRIVE~~ ~~ALTAMONTE SPRINGS FL 32701~~	81 Name: Douglas F. Linnert 82 Street Address (P.O. Box Number is Not Acceptable): 4042 Gallagher Loop 83 84 City: Casselberry FL 85 Zip Code: 32707

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: Douglas F. Linnert President 4/22/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	P/S/T ☒ Change ☐ Addition
NAME	LINNERT, DOUGLAS F	1.2 NAME	Douglas F. Linnert
STREET ADDRESS	1115 E. ALTAMONTE DRIVE	1.3 STREET ADDRESS	4042 Gallagher Loop
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY-ST-ZIP	Casselberry, FL 32707
TITLE	☐ DELETE	2.1 TITLE	V ☐ Change ☒ Addition
NAME		2.2 NAME	Nancy E. Linnert
STREET ADDRESS		2.3 STREET ADDRESS	4042 Gallagher Loop
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Casselberry, FL 32707
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: Douglas F. Linnert Douglas F. Linnert 4/22/97 (407) 699-8452