

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 APR 29 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000093019 (3)**  
1. Corporation Name  
**JOB INTEGRITY, INC.**



Principal Place of Business: **8646 MAN O' WAR TRAIL TALLAHASSEE FL 32308**  
Mailing Address: **8646 MAN O' WAR TRAIL TALLAHASSEE FL 32308-1636**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/13/1996</b>	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-3409343</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GRAYSON, JOHN M 8646 MAN O' WAR TRAIL TALLAHASSEE FL 32308</b>				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code <b>FL</b>	
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City					

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRAYSON, CASSANDRA J</b>		1.2 NAME		
STREET ADDRESS	<b>8646 MAN O' WAR TRAIL</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>		1.4 CITY-ST-ZIP		
TITLE	<b>VPT</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRAYSON, JOHN M</b>		2.2 NAME		
STREET ADDRESS	<b>8646 MAN O' WAR TRAIL</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>		2.4 CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRAYSON, DELORES P</b>		3.2 NAME		
STREET ADDRESS	<b>8646 MAN O' WAR TRAIL</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>		3.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JACKSON, CHARLES D</b>		4.2 NAME		
STREET ADDRESS	<b>8646 MAN O' WAR TRAIL</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

Cassandra J. Grayson  
4/25/97 668-7270

CR2E034 (9/96)