


**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90112 046 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000101184**

1. Corporation Name

**EMPLOYMENT PROFESSIONALS, INC.**

Principal Place of Business

1215 BAYSHORE GARDENS PARKWAY  
BRADENTON FL 34207

Mailing Address

10105 OLD TAMPA RD  
PARRISH FL 34219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1996

4. FEI Number

65-0713250

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

DAVIS, DIANE  
10105 OLD TAMPA RD  
PARRISH FL 34219

10. Name and Address of New Registered Agent

81 Name **CARL PATRICK**82 Street Address (P.O. Box Number is Not Acceptable)  
**2228 PROCTOR RD.**

83

84 City **SARASOTA****FL**85 Zip Code  
**34231**

11. Pursuant to the provisions of Sections 607.0501 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: *Christine Bowman*

Signature, typed or printed in ink of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-13-99

12. OFFICERS AND DIRECTORS

TITLE **V** ☒ DELETENAME **DAVIS, DIANA**  
STREET ADDRESS **10105 OLD TAMPA RD**  
CITY-STATE-ZIP **PARRISH FL 34219**TITLE **P** ☐ DELETENAME **BOWMAN, CHRISTINE**  
STREET ADDRESS **1215 BAYSHORE GARDENS PARKWAY**  
CITY-STATE-ZIP **BRADENTON FL 34207**TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

*Christine Bowman*

CHRISTINE BOWMAN

1-11-99 9417516263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)