

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

FILED

May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000102154 (7)

1. Corporation Name

GLOBAL PAYCOM, INC.

Principal Place of Business

50 SOUTH BELCHER ROAD, SUITE 263  
CLEARWATER FL 34625

Mailing Address

50 SOUTH BELCHER ROAD, SUITE 263  
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEL Number

59-3419623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 5008 W. Linebaugh Ave.

26 5008 W. Linebaugh Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 56

27 Ste 56

City & State

City & State

23 Tampa FL

28 Tampa FL

24 33624 25 USA

29 33624 30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Robert L. Dennard, Jr

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

5008 W. Linebaugh Ave

83

Suite 56

84 City

Tampa

FL

85 Zip Code

33624

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, by \_\_\_\_\_, registered agent and filer, applicable

(NOTE: Registered Agent signature required when reinstating)

4/18/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	DENNARD, ROBERT L JR.	
STREET ADDRESS	50 SOUTH BELCHER ROAD, SUITE 263	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President / Director / Secretary / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	5008 W. Linebaugh Ave Ste 56	
1.4 CITY-ST-ZIP	Tampa FL 33624	
2.1 TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Farrow, Norman H.	
2.3 STREET ADDRESS	5008 W. Linebaugh Ave Ste 56	
2.4 CITY-ST-ZIP	Tampa FL 33624	
3.1 TITLE	Director - Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hayes, William C., Jr.	
3.3 STREET ADDRESS	5008 W. Linebaugh Ave Ste 56	
3.4 CITY-ST-ZIP	Tampa FL 33624	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:



Robert L. Dennard Jr

4/18/98

813-908-2177

CR2E034 (10/97)