

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

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000020929 (0)

1. Corporation Name

CONTRACT PROFESSIONAL SERVICES, INC.



Principal Place of Business

Mailing Address

1568 NOTTINGHAM KNOLL DRIVE  
JACKSONVILLE FL 32225

1568 NOTTINGHAM KNOLL DRIVE  
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

54-169 3775

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

☐ Yes

☒ No

2. Principal Place of Business

OK

2a. Mailing Address

SAME

21. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

22. City & State

28. City & State

23. Zip

Country

29. Zip

Country

24. ~~24. Suite, Apt. #, etc.~~

25. ~~Country~~

26. ~~26. Suite, Apt. #, etc.~~

27. ~~Country~~

30. ~~30. Suite, Apt. #, etc.~~

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEPP, PETER S  
1568 NOTTINGHAM KNOLL DRIVE  
JACKSONVILLE FL 32225

81. Name

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

83.

84. City

FL

85. Zip Code

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRESIDENT

☐ DELETE

PETER S. HEPP

1568 NOTTINGHAM KNOLL DR.

JACKSONVILLE, FL 32225

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VICE-PRESIDENT

☐ DELETE

EVERLYN C. HEPP

1568 NOTTINGHAM KNOLL DR

JACKSONVILLE, FL 32225

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P PRESIDENT ☐ Change ☒ Addition

1.2 NAME PETER S. HEPP

1.3 STREET ADDRESS 1568 NOTTINGHAM KNOLL DR

1.4 CITY-ST-ZIP JACKSONVILLE, FL 32225

2.1 TITLE VP VICE-PRESIDENT ☐ Change ☒ Addition

2.2 NAME EVERLYN C. HEPP

2.3 STREET ADDRESS 1568 NOTTINGHAM KNOLL DR

2.4 CITY-ST-ZIP JACKSONVILLE, FL, 32225

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

CR2E034 (10/97)