

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 17 1998 8:00am
Secretary of State

DOCUMENT # **P97000026484 (0)**
1. Corporation Name

ATLANTIC PROFESSIONAL EMPLOYERS, INC.



Principal Place of Business
**1734 CHALET STREET
ORANGE PARK FL 32073**

Mailing Address
**1734 CHALET STREET
ORANGE PARK FL 32073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1997

2. Principal Place of Business

21 **2105 PARK AVENUE**

Suite, Apt. #, etc.

22 **SUITE 17**

City & State

23 **ORANGE PARK FL**

Zip

24 **32073**

Country

25 **USA**

2a. Mailing Address

26 **2105 PARK AVENUE**

Suite, Apt. #, etc.

27 **SUITE 17**

City & State

28 **ORANGE PARK FL**

Zip

29 **32073**

Country

30 **USA**

4. FEI Number

59-3432977

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

9. Name and Address of Current Registered Agent

**SMITH, C HOLT III
ONE INDEPENDENT DRIVE
SUITE 3301
JACKSONVILLE FL 32202**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **D** ☐ DELETE

NAME **KEENER, PHYLLIS**
STREET ADDRESS **1734 CHALET STREET**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☐ DELETE

NAME **VERMILLION, BONNIE**
STREET ADDRESS **1734 CHALET STREET**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **2105 PARK AVENUE, SUITE 17**
1.4 CITY-ST-ZIP **ORANGE PARK, FL 32073**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **2105 PARK AVENUE, SUITE 17**
2.4 CITY-ST-ZIP **ORANGE PARK, FL 32073**

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: *[Signature]*

9-1-98 904-278-450

CR2E034 (5/98)