

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90034 023 ***550.00

DOCUMENT # P97000026484

Corporation Name

ATLANTIC PROFESSIONAL EMPLOYERS, INC.

Principal Place of Business

05 PARK AVE.
SUITE 17
ORANGE PARK FL 32073

Mailing Address

2105 PARK AVE.
SUITE 17
ORANGE PARK FL 32073
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1997

4. FEI Number

59-3432977

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

Principal Place of Business

462 KINGSLEY AVE.

Suite, Apt. #, etc.

102

City & State

ORANGE PARK FL

Zip

32073

Country

USA

2a. Mailing Address

462 KINGSLEY AVE.

Suite, Apt. #, etc.

102

City & State

ORANGE PARK FL

Zip

32073

Country

USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

1. 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

2. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME KEENER, PHYLLIS
STREET ADDRESS 2105 PARK AVE., SUITE 17
CITY-STATE-ZIP ORANGE PARK FL 32073

TITLE D ☐ DELETE
NAME VERMILLION, BONNIE
STREET ADDRESS 2105 PARK AVE., SUITE 17
CITY-STATE-ZIP ORANGE PARK FL 32073

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☒ Change ☐ Addition
1.2 NAME KEENER, PHYLLIS
1.3 STREET ADDRESS 462 KINGSLEY AVE. #102
1.4 CITY-STATE-ZIP ORANGE PARK, FL 32073

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME VERMILLION, BONNIE
2.3 STREET ADDRESS 462 KINGSLEY AVE. #102
2.4 CITY-STATE-ZIP ORANGE PARK, FL 32073

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

4. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/99
Date

904-2281150
Daytime Phone #

CR2E034 (11/98)