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Jan 20 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 # P97000034386 (7)

1. Corporation Name

APPLEDENE EMPLOYMENT AGENCY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3898 9TH STREET, NORTH
SUITE 205
NAPLES FL 34103

3898 9TH STREET, NORTH
SUITE 205
NAPLES FL 34103

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMBURN, JAMES W
5121 CASTELLO DRIVE
SUITE 2
NAPLES FL 34103

81 Name

11070 THOMPSON

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

8811 SPINGWOOD CT

83

84

City BONITA SPRINGS

FL

85

Zip Code 34135

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

11070 THOMPSON

6 January 98

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

(NOTE: Registered Agent signature required when remaining)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PSTO~~ ☐ DELETE

11 TITLE ~~PSTO~~ ☐ Change ☒ Addition

NAME

12 NAME THOMPSON 11070

STREET ADDRESS

13 STREET ADDRESS 8811 SPRINGWOOD CT

CITY-ST-ZIP

14 CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ DELETE

21 TITLE VP ☐ Change ☒ Addition

NAME

22 NAME THOMPSON LINDA IRENE

STREET ADDRESS

23 STREET ADDRESS 8811 SPRINGWOOD CT

CITY-ST-ZIP

24 CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 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

11070 THOMPSON

6 January 98 944 262 1755

CR2E034 (10/97)