

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  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90227 040 \*\*\*150.00

DOCUMENT # P97000035603

1. Corporation Name

PERSONNEL PROVIDERS, INC.



Principal Place of Business

551 SE NORSEMAN DR  
PORT ST LUCIE FL 34984

Mailing Address

PO BOX 2762  
STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1997

4. FEI Number

NOT APPLICABLE

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

MCKENZIE, JIM  
551 SE NORSEMAN DR  
PORT ST LUCIE FL 34984

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

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 MCKENZIE, JIM  
STREET ADDRESS 551 SE NORSEMAN DR  
CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE VPBO ☒ DELETE  
NAME ARMSTRONG, JANET  
STREET ADDRESS 360 SE 6TH TERRACE  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE S ☐ DELETE  
NAME INGUI, DAWN M.  
STREET ADDRESS 3006 SW SUNSET TRACE CIR  
CITY-ST-ZIP PALM CITY FL 34990

TITLE T ☐ DELETE  
NAME INGUI, DAWN M.  
STREET ADDRESS 3006 SW SUNSET TRACE CIRCLE  
CITY-ST-ZIP PALM CITY FL 34990

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  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 121 SW NORTH MEADE CIR  
3.4 CITY-ST-ZIP PORT ST LUCIE FL 34983

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 121 SW NORTH MEADE CIR  
4.4 CITY-ST-ZIP PORT ST LUCIE FL 34983

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, with all other like empowered.

SIGNATURE: Dawn M Ingui DAWN M INGUI 3/11/99 5613438604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)