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

May 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 POCUMENT # P9700040389 (3) ADVANTUS EMPLOYMENT SERVICES, INC. Principal Place of Business Mailing Address 148 MARINA PLAZA 148 MARINA PLAZA **DUNEDIN FL 34698 DUNEDIN FL 34898** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/02/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 5-9-3447297 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HUBBARD, JOHN G ESQ. W. Krouziger **595 MAIN STREET** 82 Street Address (P.O. Box Number is Not Acceptable **DUNEDIN FL 34683** 83 34698 11. Pursuant to the provisions of Sections 607.9 602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered igations of Section 607,0005, Florida Statutes. office or registered agent. I am familiar SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Presilent TITLE 1.4 TITLE ☐ Change NAME 1.2 NAME 3R2E034 STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CFTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE KAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS

14. Thereby 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 of proportion 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 corportion of the receiver or true corportion or true corportion of the receiver or true corportion of the receiver or true corportion or

SIGNATURE:

FILED