FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000064215 (1) DOCUMENT # HIRE UP, INC. Principal Place of Business Mailing Address 1812 BRIDGEWATER DR. 1612 BRIDGEWATER DR. HEATHROW FL 32748 HEATHROW FL 32746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/24/1997 Applied For 2. Principal Place of Business 2a. Mailing Address **5**9 - 3459348 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RHATTIGAN, MICHAEL 1612 BRIDGEWATER DR. 82 Street Address (P.O. Box Number is Not Acceptable) **HEATHROW FL 32748** 83 84 City 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 ponted name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change ■ DELETE 1 Addition TITLE 1.1 TITLE Rhattigen Temme L. RHATTIGAN, MICHAEL NAME 1.2 NAME 16/2 Bridgewaten Da 1612 BRIDGEWATER DR. 1.3 STREET ADDRESS STREET ADDRESS **HEATHROW FL 32746** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITI F 21 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition | 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE \_\_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME

Block 12 or Block 13 if changed, or on an attachment with an address. ( 402) 833-4894

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

STREET ADDRESS