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May 05, 1999 8:00 am  
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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000084566

1. Corporation Name  
RICHARDSON'S EMPLOYMENT ENTERPRISE, INC.

Principal Place of Business  
325 WEST UNION STREET  
B  
JACKSONVILLE FL 32202

Mailing Address  
P.O. BOX 43565  
JACKSONVILLE FL 32203-3365

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1997

4. FEI Number

59-3474303

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.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

RICHARDSON, GWENDOLYN L  
1975 HICKORY RUN WEST  
ORANGE PARK FL 32073

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

GWENDOLYN L. RICHARDSON (President)

4/27/99

DATE

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

NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME RICHARDSON, GWENDOLYN L  
STREET ADDRESS 1975 HICKORY RUN WEST  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE VP ☐ DELETE

NAME MONQAL, JUCQUILINE T  
STREET ADDRESS 5857 THURGOOD CIRCLE  
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE S ☐ DELETE

NAME SHANNON, TAMMIE  
STREET ADDRESS 5800 S. UNIVERSITY BOULEVARD 308  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE T ☐ DELETE

NAME FORD, BRENDA  
STREET ADDRESS 2168 COLLEGE CIRCLE NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32209

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

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 life empowered.

SIGNATURE:

GWENDOLYN L. RICHARDSON

4/27/99

904 3538930

Date

Daytime Phone #

CR2E034 (1/198)