

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 09, 1999 8:00 am
Secretary of State

03-09-1999 90143 017 ***158.75

DOCUMENT # P98000002450

1. Corporation Name
FLORIDA NURSE REGISTRY, INC.

Principal Place of Business
801 W BAY DRIVE #513
LARGO FL 33770

Mailing Address
801 W BAY DRIVE #513
LARGO FL 33770

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1998

4. FEI Number
59-3487363
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.
#700

26. Suite, Apt. #, etc.
#700

23. City & State

28. City & State

24. Zip Country
25. USA

29. Zip Country
30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, JACK H
801 W BAY DRIVE #513 700
LARGO FL 33770

81. Name
82. Street Address (P.O. Box Number is Not Acceptable) #700
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

3/2/99

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

TITLE
NAME JONES, JACK H
STREET ADDRESS 700 ISLAND WAY #106
CITY-ST-ZIP CLEARWATER FL 33767

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PRESIDENT + DIRECTOR

TITLE
NAME MARCOTTE, KENNETH A
STREET ADDRESS 11442 137 ST #202A6
CITY-ST-ZIP LARGO FL 33774

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

VICE PRESIDENT + DIRECTOR

TITLE
NAME EXEC. VP / CEO / DIRECTOR
STREET ADDRESS CLARA H. JONES
CITY-ST-ZIP 700 ISLAND WAY #106
CLEARWATER, FL 33767

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLARA H. JONES 1/15/99

Date

Daytime Phone #

CR2E034 (11/98)