

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

DOCUMENT # P98000004407

1. Corporation Name

ADMINISTRATIVE PARTNERS, INC.

Principal Place of Business
4308 WEST SAN LUIS ST.
TAMPA FL 33629

Mailing Address
4308 WEST SAN LUIS ST.
TAMPA FL 33629

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90013 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1998

4. FEI Number

59-3486128

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

21 201 E. Kennedy Blvd.

Suite, Apt. #, etc.

22 Suite 712

City & State

23 Tampa, FL

Zip

24 33602

Country

25 U.S.

2a. Mailing Address

26 201 E. Kennedy Blvd.

Suite, Apt. #, etc.

27 Suite 712

City & State

28 Tampa, FL

Zip

29 33602

Country

30 U.S.

9. Name and Address of Current Registered Agent

RILEY, RUSS
4308 WEST SAN LUIS ST.
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

Riley, Russ

82 Street Address (P.O. Box Number is Not Acceptable)

201 E. Kennedy Blvd.

83

Suite 712

84 City

Tampa

FL

85 Zip Code

33602

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 ☐ DELETE

TITLE D
NAME GACIO, SANDY
STREET ADDRESS 4308 WEST SAN LUIS ST.
CITY-ST-ZIP TAMPA FL 33629

TITLE D
NAME SIMMONS, JOE
STREET ADDRESS 4308 WEST SAN LUIS ST.
CITY-ST-ZIP TAMPA FL 33629

TITLE D
NAME DOUGLAS, DEBORAH
STREET ADDRESS 4308 WEST SAN LUIS ST.
CITY-ST-ZIP TAMPA FL 33629

TITLE D
NAME RILEY, RUSS
STREET ADDRESS 4308 WEST SAN LUIS ST.
CITY-ST-ZIP TAMPA FL 33629

TITLE D
NAME Pierce, Greg
STREET ADDRESS 201 E. Kennedy Blvd., Suite 712
CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☒ Change ☐ Addition
1.2 NAME Gacio, Sandy
1.3 STREET ADDRESS 201 E. Kennedy Blvd., Suite 712
1.4 CITY-ST-ZIP Tampa, FL 33602

2.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME Simmons, Joe
2.3 STREET ADDRESS 201 E. Kennedy Blvd., Suite 712
2.4 CITY-ST-ZIP Tampa, FL 33602

3.1 TITLE Director ☒ Change ☐ Addition
3.2 NAME Douglas, Deborah
3.3 STREET ADDRESS 201 E. Kennedy Blvd., Suite 712
3.4 CITY-ST-ZIP Tampa, FL 33602

4.1 TITLE Director ☒ Change ☐ Addition
4.2 NAME Riley, Russ
4.3 STREET ADDRESS 201 E. Kennedy Blvd., Suite 712
4.4 CITY-ST-ZIP Tampa, FL 33602

5.1 TITLE Director ☐ Change ☒ Addition
5.2 NAME Pierce, Greg
5.3 STREET ADDRESS 201 E. Kennedy Blvd., Suite 712
5.4 CITY-ST-ZIP Tampa, FL 33602

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/99

813-221-0376

CR2F034 (11/98)

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