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
Apr 08, 1999 8:00 am
Secretary of State
04-08-1999 90090 001 ***150.00

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1. Corporation Name
ELECTRONIC TIME AND ATTENDANCE, INCORPORATED

Principal Place of Business	Mailing Address
1640 PLANTATION OAKS LANE AMELIA ISLAND FL 32034	1640 PLANTATION OAKS LANE AMELIA ISLAND FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/28/1998

2. Principal Place of Business	2a. Mailing Address
21 3159 LOFTON SQUARE COURT	26 P.O. Box 2049
Suite, Apt. #, etc. 22 SUITE 4	Suite, Apt. #, etc. 27
City & State 23 YULEE, FL	City & State 28 YULEE FL
Zip / Country 24 32097 25 US	Zip / Country 29 32041 30 US

4. FEI Number: 59-3489975 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
QUARLES, JANICE G 1640 PLANTATION OAKS LANE AMELIA ISLAND FL 32034	81 Name: STEVE BURNETT 82 Street Address (P.O. Box Number is Not Acceptable): 3159-4 LOFTON SQUARE COURT 83 84 City: YULEE FL 85 Zip Code: 32097

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: Steve Burnett Steve Burnett 3/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	~~PRESIDENT~~ P/V/T/D ☐ Change ☒ Addition
NAME	QUARLES, JANICE G		1.2 NAME	STEVE BURNETT
STREET ADDRESS	1640 PLANTATION OAKS LANE		1.3 STREET ADDRESS	15327 CAMP ORIOLE SOUTH
CITY-ST-ZIP	AMELIA ISLAND FL 32034		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	D	☒ DELETE	2.1 TITLE	S D ☐ Change ☒ Addition
NAME	QUARLES, JAMES E		2.2 NAME	BRANDE TOMPKINS
STREET ADDRESS	1640 PLANTATION OAKS LANE		2.3 STREET ADDRESS	1462 STEVENS ROAD
CITY-ST-ZIP	AMELIA ISLAND FL 32034		2. 4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Steve Burnett Steve Burnett 3/15/99 904-277-7930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)