

40070000

The seal of the State of Florida is a circular emblem. It features a central scene with a palm tree, a ship, and a sun. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top inner edge, and "IN GOD WE TRUST" is at the bottom.

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

04-21-1999 90132 026 \*\*\*150.00

1. Corporation Name  
**READY LABOR, INC.**

**Mailing Address**  
30750 U.S. 19 NORTH  
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

02/10/1998

4. FEI Number applied for

Applied For
Not Applicable

**\$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

☐ Yes      ☐ No

**9. Name and Address of Current Registered Agent**

10. Name and Address of New Registered Agent

**D & B CORPORATE SERVICES, INC.**  
**5999 CENTRAL AVE., STE. 202**  
**ST. PETERSBURG FL 33710**

81	Name	D & B Corporate Services Inc		
82	Street Address (P.O. Box Number is Not Acceptable)	30750 US 19 North		
83				
84	City	Palm Harbor	FL	85 Zip Code 34784

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 \_\_\_\_\_

4/12/99

12. OFFICERS AND DIRECTORS

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONGELLUZZI, FRANK	
STREET ADDRESS	P.O. BOX 4699 (NA)	
CITY-ST-ZIP	CLEARWATER FL 34618	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

CITY-STATE TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Mongelluzzi, Frank		
1.3 STREET ADDRESS	30950 US 19 North		
1.4 CITY-ST-ZIP	Palm Harbor, FL. 34684		

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	

3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			

4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			

5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)

4/12/99 (727) 771-1111

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CR2F034 (1.1/98)