

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90003 022 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000039518

1. Corporation Name  
TASK SERVICES, INC.

Principal Place of Business

Mailing Address

~~306 CLEMONS ROAD  
BRANDON FL~~

~~306 CLEMONS ROAD  
BRANDON FL~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1998

4. FEI Number

59-3514954

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

2a. Mailing Address

21 136 TIMBER LANE

26 136 TIMBER LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 HILTON HEAD, SC

28 HILTON HEAD, SC

24 Zip Country

29 Zip Country

25 29926 USA

30 29926 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARDNER, JOHN W ESQUIRE  
128 WEST ROBERTSON STREET  
BRANDON FL 33511

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

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  
NAME WHITNEY, RICHARD  
STREET ADDRESS 607 HIDDEN LAKE DRIVE  
CITY-ST-ZIP BRANDON FL 33511

1.1 TITLE PRES. ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 136 TIMBER LANE  
1.4 CITY-ST-ZIP HILTON HEAD, SC 29926

TITLE D ☐ DELETE  
NAME BARONI, ROBERT  
STREET ADDRESS 306 CLEMONS ROAD  
CITY-ST-ZIP BRANDON FL 33510

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 5 TURRET SHELL LANE  
2.4 CITY-ST-ZIP HILTON HEAD, SC 29926

TITLE D ☐ DELETE  
NAME WHITNEY, EILEEN  
STREET ADDRESS 607 HIDDEN LAKE DRIVE  
CITY-ST-ZIP BRANDON FL 33511

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 136 TIMBER LANE  
3.4 CITY-ST-ZIP HILTON HEAD, SC 29926

TITLE D ☐ DELETE  
NAME BARONI, BARBARA  
STREET ADDRESS 306 CLEMONS ROAD  
CITY-ST-ZIP BRANDON FL 33510

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 5 TURRET SHELL LANE  
4.4 CITY-ST-ZIP HILTON HEAD, SC 29926

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 14. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99  
Sign, date & mail  
by 4/28/99.  
Enclose your check in  
the amount of \$150  
payable to  
Department of State.

4/28/99 848-837-9696  
Date Daytime Phone #

CR2E034 (11/98)