

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 # P98000074401

1. Corporation Name

LONGWOOD PAYROLL SERVICES, INC.

Principal Place of Business

1501 INDIAN ROCKS ROAD
BELLEAIR FL 33756

Mailing Address

1501 INDIAN ROCKS ROAD
BELLEAIR FL 33756

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

03-01-1999 90074 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1998

4. FEI Number

59-3529514

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

21 200 HUNTCLUB BLVD

2a. Mailing Address

26 200 HUNTCLUB BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Longwood FL

City & State

28 Longwood FL

Zip

Country

Zip

Country

24 32779

25

29 32779

30

9. Name and Address of Current Registered Agent

GRAY, D. LOCKWOOD
201 N. FRANKLIN STREET
SUITE 210
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

PAT O'CONNOR

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

2240 BELLEAIR RD

83

SUITE 160

84 City

CLEARWATER

FL

85 Zip Code

33764

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

TITLE ☐ DELETE

NAME
D STOTTEMYRE, TODD V
STREET ADDRESS
1501 INDIAN ROCKS ROAD
CITY-ST-ZIP
BELLEAIR FL 33756

TITLE ☐ DELETE

NAME
D GAGLIARDI, GREGG
STREET ADDRESS
1501 INDIAN ROCKS ROAD
CITY-ST-ZIP
BELLEAIR FL 33756

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

200 HUNTCLUB BLVD.
LONGWOOD FL 33764

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

200 HUNTCLUB BLVD
LONGWOOD FL 33764

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGG GAGLIARDI

1-14-99 407 862-5113

Date

Daytime Phone #

CR2E034 (11/98)