


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90024 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000082362

1. Corporation Name

GULFSHORE PEO SOLUTIONS, INC.

Principal Place of Business

4100 GOODLETTE RD N. SUITE 100
NAPLES FL 34103

Mailing Address

4100 GOODLETTE RD N. SUITE 100
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1998

4. FEI Number

59-3533954

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

HAVEMEIER, BRADLEY A
4100 GOODLETTE RD N. SUITE 100
NAPLES FL 34103

10. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	MACINNES, JOHN N	
STREET ADDRESS	140 MAHOGANY DRIVE	
CITY-STATE-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAVEMEIER, BRADLEY A	
STREET ADDRESS	2212 MAJESTIC CT N	
CITY-STATE-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POSEY, WARD A	
STREET ADDRESS	27110 FLOSSMOOR DRIVE	
CITY-STATE-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIELAND, CHRIS L	
STREET ADDRESS	788 HULL CT	
CITY-STATE-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFITH, MARTHA P	
STREET ADDRESS	2170 10TH AVE NE	
CITY-STATE-ZIP	NAPLES FL 34120	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIHAILOFF, ANATOL V	
STREET ADDRESS	610 17TH AVE SOUTH	
CITY-STATE-ZIP	NAPLES FL 34102	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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 a other like empowered.

SIGNATURE:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)