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Secretary of State

04-23-1999 90003 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000084213

1. Corporation Name
EMPLOYEE SCREENING, INC.



Principal Place of Business
705 KNOLLWOOD DRIVE
LARGO FL 33770

Mailing Address
POST OFFICE BOX 1585
LARGO FL 33779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1998

4. FEI Number

59-354-4947

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 Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐ Yes ☒ No

2. Principal Place of Business

21 1345 S. MISSOURI AVE

Suite, Apt. #, etc.

22 SUITE 108

City & State

23 CLEARWATER, FL

Zip

24 33756

Country

25 PINELLAS

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

POLVICK, JOHN
705 KNOLLWOOD DRIVE
LARGO FL 33770

10. Name and Address of New Registered Agent

81 Name POLVICK, JOHN**82 Street Address (P.O. Box Number is Not Acceptable)****1345 S. MISSOURI AVE****83 SUITE 108****84 City CLEARWATER****FL****85 Zip Code 33756**

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 *John Polvick* **JOHN POLVICK - PRESIDENT** **4/20/99**
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
POLVICK, JOHN
705 KNOLLWOOD DRIVE
LARGO FL 33770

TITLE ☐ DELETE

D
GOETTERMAN, PATRICK R
705 KNOLLWOOD DRIVE
LARGO FL 33770

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1345 S. MISSOURI AVE, SUITE 108
1.4 CITY-ST-ZIP CLEARWATER, FL 33756

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1345 S. MISSOURI AVE, SUITE 108
2.4 CITY-ST-ZIP CLEARWATER, FL 33756

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (1/98)