**PROFIT CORPORATION** ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # **P98000084213**

EMPLOYEE SCREENING, INC.

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90003 022 \*\*\*150.00

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Principal Place	e of Business	Mailing Address		i intitude i in a i i in a i i i i i i i i i i i i	Sile Dåres All'Er imiet Binte infat	11999 1313 1684
705 KNOLLWOO	OD DRIVE	POST OFFICE BOX 1585		.]		t
LARGO FL 3377		LARGO FL 33779				
					ITE IN THIS SPACE	
	• •			<ol> <li>Date Incorporated or Qualifer</li> <li>09/29/1998</li> </ol>	1	
		Ta Marillan Address		4. FEI Number		plied For
	lace of Business	2a. Mailing Address		70 354 - 4	1947 <del> </del>	t Applicable
21) / 5 9/3 Sulte, Apt.	5 5. MISSOURI RU	5 26 Suite, Apt. #, etc.			\$8.75	
	76 108	27	•	5. Certificate of Status Desired	Fee Re	
City & State		City & State		6, Election Campaign Financing	\$5.00	May Bo
	FRIWATER. FL-	28		Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	8. This corporation owes the cu	rrent year Intengible	
a <i>3</i> 37	56 25 PINELIAS	29	30	Personal Property Tax.	Yes	□No
	9. Name and Address of Curren			10. Name and Address of New	Registered Agent	
			- 81 Nam	POLIVICK, JOH,	J	
	ACK, JOHN		82 Stree	t Address (P.O. Box Number is Not Accep	table)	
	KNOLLWOOD DRIVE			1345 S. MISSOURI	AUE	
LARG	30 FL 33770		83	SUITE 108		1
			84 City		85 Zip C	Code
•			1 1	CLERNWRIER	FL   33	756
11. Pursuant f	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-name	d corporation submits this statement for the poration's board of directors. I hereby accept	purpose of changing its	Denetaigen
		of Honga, Such change was au	Inonzea by the coi	porsition a posite of directors, i haraby sock	the ma shholling and see to	policiou
office or re agent.   ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.	_	- / 1	
	m familiar with, and accept the obliga	Itlans of, Section 607.0505, Flori	ida Statutes.	PRESIDENT _ 4	7/20/99	
SIGNATURE	Signature (spad or printed name of registered age	rit and little if applicable. (NOTE:	とアンロル、 Registered Agent elgnetur	**RESTROENT   T	DATE	
SIGNATURE	Signature (gold or printed name of registered ego	NO DIRECTORS (NOTE:	C/V/C/C~ F Registered Agent elgnerun 13.	K651R6N17	DATE FFICERS AND DIRECTO	RS IN 12
SIGNATURE .	Signature Apaid or printed name of registered ego OFFICERS AN	rit and little if applicable. (NOTE:	Ragistered Agent algretur 13.	**RESTROENT   T	DATE	
SIGNATURE	Signature of printed name of registered age  OFFICERS AN  D  POLVICK, JOHN	NO DIRECTORS (NOTE:	Registered Agent eignetur  13. 1.1 TITLE  12 NAME	Prepared when releasing)  ADDITIONS/CHANGES TO O	DATE FICERS AND DIRECTO Change	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature of printed name of registered age OFFICERS AND POLVICK, JOHN 705 KNOLLWOOD DRIVE	NO DIRECTORS (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO O	FICERS AND DIRECTO	RS IN 12
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