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 # P98000094205

1. Corporation Name

FLORIDA PERSONNEL SERVICES, INC.

Principal Place of Business

Mailing Address

4767 PINE ISLAND ROAD

4767 PINE ISLAND ROAD

FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90025 039 ***150.00



MATLACHA FL 33993		MATLACHA FL 33993			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporat	ed or Qualifed		
					11/03/1998			
2. Principal Pl	ace of Business	2a. Mailing Address	2 7	+14-11-	4. FEI Number	-1877	<u>^ 71 ⊢</u>	plied For
	ace of Business og St 5 HPIRE	120 P C P	E 5	* HOIR	75 60	-08//		t Applicable
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Sta	atus Desired	\$8.75 / Fee Re	l l
City State Coval Fl 38 CADB (und El		6. Election Campa		\$5.00	•
23 - 10 - 20 - 20 - 20			Country	<u></u>	Trust Fund Con		Added t	to Fees
24 33°	790 25 LBB_	29 33990 30	_ ,	丹及	Personal Prope	n owes the current party.	Yes	□No
	9. Name and Address of Current	<u> </u>			10. Name and Add	ress of New Regi	stered Agent	
	705 DAILY		81	Name	AIDN T.	Tisaid	5	
JUSTICE, DAN K			82	Street Ac	dress (P.O. Box Number	is Not Acceptable		_
4767 PINE ISLAND ROAD			83	<u> </u>	309 SE 5	+ Place		
MATLACHA FL 33993				3				
			84	City	ADE Concul		FL 85 Zip 2	3490
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	/e-named co	proporation submits this st	atement for the pur	pose of changing its	registered
office or re	egistlered agent, or bloth, in the State of	f Florida. Such change was autr ons of, Section 607.0505, Florid	iorizea by	the corpora	ation's poard of directors	Thereby accept of	e appointment as re	gistored
3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			tn .	T. I	JUSHICK	<u> </u>	6/99	
SIGNATURE	Signature typed of printed name of registered agent	and title if applicable. (NOTE. Re	gistered Age	ent signature req	uired when reinstating)		DATE /	NDC IN 12
12.		DIRECTORS	13.		ADDITIONS/CH	ANGES TO OFFICE	ERS AND DIRECTO	Addition
TITLE	D	☐ DELETE	1.1 TITLE				onango	
NAME	JUSTICE, ALAN T		1.2 NAME					ì
STREET ADDRESS	4767 PINE ISLAND ROAD			ET ADDRESS				ļ
CITY-ST-ZIP	MATLACHA FL 33993	DELETE	1.4 CITY-:	SI-ZIP		•	Change	Addition
TITLE	D HIGTIGE DANK	#EMPCLE1E					_ , ,	_
NAME	JUSTICE, DAN K		2.2 NAME	ET ADDRESS				
STREET ADDRESS	4767 PINE ISLAND ROAD MATLACHA FL 33993		2.4 CITY-					
CITY-ST-ZIP	MATLACHA FL 33993	☐ DELETE	2.4 CITY-	S1-ZIP			☐ Change	☐ Addition
TITLE			3.2 NAME					
NAME				ET ADDRESS				ļ
STREET ADDRESS			3.4. CITY-	ł				
CITY-ST-ZIP TITLE			4.1 TITLE	31-217			☐ Change	Addition
NAME		. _	4. 2 NAME					
STREET ADDRESS			l	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5 4 CITY-	ST-ZIP	_			
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				

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 truetee 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 attactioner with an address, with all other like empowered.

SIGNATURE: