

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90229 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000097924

1. Corporation Name

JRD PEO SOLUTIONS, INC.



Principal Place of Business

Mailing Address

11 SOUTH BUMBY AVENUE
ORLANDO FL 32803POST OFFICE BOX 538230
ORLANDO FL 32853-8230

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

28

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/19/1998

4. FEI Number

59-3558219

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐

Yes

☒

No

9. Name and Address of Current Registered Agent

MCKINNEY, F. DAVID
11 SOUTH BUMBY AVENUE
ORLANDO FL 32803

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	MCKINNEY, F. DAVID	
STREET ADDRESS	11 SOUTH BUMBY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, JOHN F JR.	
STREET ADDRESS	11 SOUTH BUMBY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MINTER, L. KIPP	
STREET ADDRESS	11 SOUTH BUMBY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOONE, DONALD B	
STREET ADDRESS	11 SOUTH BUMBY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCBRYDE, CLYDE D	
STREET ADDRESS	11 SOUTH BUMBY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HATCHER, MARIONS F III	
STREET ADDRESS	11 SOUTH BUMBY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROCKY SANTOMASSINO	
1.3 STREET ADDRESS	11 SOUTH BUMBY AVENUE	
1.4 CITY-ST-ZIP	ORLANDO FL 32803	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HATCHER, MARION F III	
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 any attachment with an address, with all other like empowered.

SIGNATURE:


 ROCKY Santomassino

04-08-99

Date

407-897-7400

Daytime Phone #

CR2E034 (1/98)