PROFIL CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P98000102211 1. Corporation Name

HR COMPLY CORPORATION

Principal Place of Business Mailing Address

FILED

**Secretary of State** 

03-23-1999 90046 036 \*\*\*158.75

Mar 23, 1999 8:00 am

100 EXECUTIVE WAY, SUITE 110 100 EXECUTIVE WAY, SUITE 110 PONTE VEDRA FL 32082 PONTE VEDRA FL 32082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/01/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 28 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5:00 May Bo City or State City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Country ZIp. Zip ☐ Yes Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GREWELL, BRUCE Street Address (P.O. Box Number is Not Acceptable) 82 100 EXECUTIVE WAY, SUITE 110 **PONTE VEDRA FL 32082** 83 84 City Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chenging 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 11111E me DIAECTOR & CHAIRMAN 12 NAME DAVID H. THLIAN 580 WASHINGTON 13 STREET ADORES! STREET ADDRESS 60026 1.4 CITY-ST-ZIP 6 LENCOE CITY-ST-ZE Change ☐ Addition PIRECTOR & VICE PAS. ☐ DELETE 2.1 TIBE TILE ROBERT S. JULIAN 22 NAME NAME 812 04K ST 4102 STREET ADDRESS 2.3 STREET ADDRESS WINNETK4, 14 60093 2.4 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR & PRESIDENT DELETE 31 miE TILE BRUG W. GREWELL, KI10= 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS On K vedra FL 32082 3.4. CITY-ST-ZIP CRY-ST-ZF Change DIRECTOR DELETE 4.1 TITLE TITLE HEATHER JULIAN 4.2 NAME NAME 80 WASHINGTON 4.3 STREET ADDRES STREET ADDRESS 14 60022 **GLENLOG** 4.4 CITY-ST; ZP= CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE SE CRETARY ME SUSAN JULIAN 5.2 NAME NAME WASHINGTON 4.3 STREET ADDRESS 580 STREET ADDRESS GLENCOE IL GOOLL 54 CITY-ST-7P CITY-ST-ZE ASST SECRETARY ☐ Addition Change RITTLE TILE R 2 NAME CONSTANCE MALE 100 Executive way Suite 110 6.3 STREET ADDRESS STREET ADDRESS 3208 L 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 eath; 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.

CITY-ST-ZIP