

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90002 046 ***150.00

08-23-1999 90006 028 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V100101					
1. Corporation Name WORK MAN SERVICES, INC.					
Principal Place of Business 5105 QUAIL ROOST RD. IMMOKALEE FL 33934 US			Mailing Address P.O. BOX 2380 IMMOKALEE FL 33934 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		
3. Date Incorporated or Qualified 01/27/1992			4. FEI Number 65-0306692		
5. Certificate of Status Desired ☐			Applied For Not Applicable		
6. Election Campaign Financing ☐			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No					
9. Name and Address of Current Registered Agent ESPINOZA, ROSE 5105 QUAIL ROOST RD. IMMOKALEE FL 33934			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 607.1506, 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 P ☐ DELETE NAME ESPINOZA, JAME STREET ADDRESS P.O BOX 2380 N/A CITY-ST-ZIP IMMOKALEE FL					
TITLE VS ☐ DELETE NAME ESPINOZA, ROSE STREET ADDRESS P.O BOX 2380 N/A CITY-ST-ZIP IMMOKALEE FL					
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE ☐ DELETE 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 1.4 CITY-ST-ZIP					
2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSE ESPINOZA

J/P3/99

Daytime Phone #

CR2E034 (11/98)