FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V40457** **(6)**

1. Corporation Name
HUMAN RESOURCE ONE, INC.

Principal Place of Business
601 S LAKE DESTINY DR #250
MAITLAND FL 32751
US

Mailing Address
601 S LAKE DESTINY DR #250
MAITLAND FL 32751
US

3. Date Incorporated or Qualified: 06/02/1992
3a. Date of Last Report: 09/13/1995
4. FEI Number: 59-3123402 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

BYRD, BARRY
601 S. LAKE DESTINY DR., SUITE 250
MAITLAND FL 32751

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] DATE 2/19/96

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	VERMILLION, BONNIE	
STREET ADDRESS	901 N. LAKE DESTINY DR., STE. 148	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	PSTD	☐ DELETE
NAME	BYRD, BARRY	
STREET ADDRESS	901 N LAKE DESTINY DR., STE. 148	
CITY-ST-ZIP	MAITLAND FL	
TITLE	V	☐ DELETE
NAME	CRAWFORD, TINA	
STREET ADDRESS	901 N LAKE DESTINY, STE. 148	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	V	☐ DELETE
NAME	BAUER, MARJORIE	
STREET ADDRESS	901 N LAKE DESTINY, STE. 148	
CITY-ST-ZIP	MAITLAND FL 32751	
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	V	☒ Change ☐ Addition
1.2 NAME	VERMILLION, BONNIE	
1.3 STREET ADDRESS	601 SOUTH LAKE DESTINY DRIVE, SUITE 250	
1.4 CITY-ST-ZIP	MAITLAND, FL 32751	
2.1 TITLE	D/P/S/T	☒ Change ☐ Addition
2.2 NAME	BYRD, BARRY	
2.3 STREET ADDRESS	601 SOUTH LAKE DESTINY DRIVE, SUITE 250	
2.4 CITY-ST-ZIP	MAITLAND, FL 32751	
3.1 TITLE	V	☒ Change ☐ Addition
3.2 NAME	CRAWFORD, TINA	
3.3 STREET ADDRESS	601 SOUTH LAKE DESTINY DRIVE, SUITE 250	
3.4 CITY-ST-ZIP	MAITLAND, FL 32751	
4.1 TITLE	V	☒ Change ☐ Addition
4.2 NAME	BAUER, MARJORIE	
4.3 STREET ADDRESS	601 SOUTH LAKE DESTINY DRIVE, SUITE 250	
4.4 CITY-ST-ZIP	MAITLAND, FL 32751	
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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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.

SIGNATURE: [signature] 2/19/96 (407) 875-0085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Barry Byrd, President