

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 # V43328 (6)

1. Corporation Name  
MANAGEMENT RECRUITERS OF BONITA SPRINGS, INC.



Principal Place of Business  
9220 BONITA BEACH ROAD  
SUITE 201  
BONITA SPRINGS FL 33923

Mailing Address  
9220 BONITA BEACH ROAD  
SUITE 201  
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified  
06/11/1992

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 9240 Bonita Beach Rd 26 9240 Bonita Beach Rd

4. FEI Number  
65-0344477

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State  
Bonita Springs, FL

27 City & State  
Bonita Springs, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country  
33923-4216 USA

28 Zip Country  
33923-4216 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEARER, GARY F.  
9220 BONITA BEACH ROAD  
SUITE 201  
BONITA SPRINGS FL 33923

81 Name Shearer, Gary F.  
82 Street Address (P.O. Box Number is Not Acceptable)  
9240 Bonita Beach Rd  
83  
84 City Bonita Springs FL 85 Zip Code 33923

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. I, the undersigned, 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)

4/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME SHEARER, GARY F  
STREET ADDRESS 9220 BONITA BEACH RD.  
CITY-ST-ZIP BONITA SPRINGS FL 33923

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Shearer, Gary F.  
1.3 STREET ADDRESS 9240 Bonita Beach Rd.  
1.4 CITY-ST-ZIP Bonita Springs, FL 33923

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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 in an amendment with an address.

SIGNATURE:

(Signature, typed or printed name of signing officer or director)

4/22/96 941 4957885

CR2E034 (12/95)