## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT

CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V47354

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## P.A. PERSONNEL SERVICES, INC.

Principal Place of Business Mailing Address					I TRANZ DEFINIT AND ENDER FRANCE ALERE DEFI	MINIS MEMIL MINES BINS	ANDER MINES IN BE		
2423 ROGERO ROAD JACKSONVILLE FL 32211		P O BOX 11165 JACKSONVILLE FL 32239-1165							
		US				3. Date Incorporated or Qualified	3a. Date of La	st Report	
						06/25/1992	06/25/19	96	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For		
21		26				59-3131702 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional	
22		27					Fe	e Required	
City & Stati	:	City & State	<del>-</del>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
<b>23</b> Zip	Country	28 7 <sub>ID</sub>	Zip Country			This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	,			Yes \( \subseteq \text{No} \)	er s. 199.032,	
24	9. Name and Address of Currer		1301	T		10. Name and Address of New Re			
enc	DUVLUN, THOMAS P.	······································		81	Name				
	3 ROGERO ROAD			82	Stroot Ado	dress (P.O. Box Number is Not Acceptab	(a)		
	KSONVILLE FL 32211				Sileet Aut	Address (r.o. box Number is Not Acceptable)			
				83					
				84	City		FL 85	Zip Code	
11. Pursuant to office or re agent. La	to the provisions of Sections 607 050 egistered agent, or both, in the State m familiar with, and accept the oblig	12 and 607, 1508, Florida Statu e of Florida Such change was ations of, Section 607,0505, F	ites, the a authorize lorida Sta	bove d by tutes	the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changi It the appointmen	ng its registered It as registered	
SIGNATURE	Stoy atom. Typed or printed name of registered age	ont and title it applicable (NC	TE Registere	d Age	ot signature regu	uired when reinstating)	DATE		
12.			13.	-		ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
Disf	D	☐ DELETE 1.		1.1 TITLE 1.2 NAME			☐ Cha	nge	
NAME	SHOUVLIN, THOMAS P		1.2 N						
STHEET ADDRESS	2423 ROGERO ROAD		1.3 \$	1.3 STREET ADDRESS				Ì	
CHY+ST-ZIP	JACKSONVILLE FL 32211			1.4 CITY - ST - ZIP					
1(1:F			2.1 T	2.1 TITLE			Cha	nge L Addition	
NAME	SHOUVLIN, LYNN A			2.2 NAME					
STREET ADDRESS	2423 ROGERO ROAD			2.3 STREET ADDRESS					
CITY - ST - ZIP	JACKSONVILLE FL 32211	DELETE		2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME			☐ Cha	nge Addition	
TITLE NAME		[] OLLLIC					VII0	- E Managa	
STREET ADDRESS					ADDRESS				
CHTY+ST+ZIP					ALJUNESS ST-ZIP				
TITEE				4.1 Title			☐ Cha	nge Addition	
MAME			4.21	MAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CHY-S1-ZiP				ITY-S					
THLE			5.1 T	5.1 TITLE			Cha	nge Addition	
NAME			5.2 N	IAME					
STREET ADDRESS			5.3 9	TREET	ADDRESS				
CHY-SL ZIF			5.4 0	ITY-S	T-ZiP				
THE		☐ DELETE	611	1 TITLE			☐ Cha	nge 🔲 Addition	
NAV!			62 N	IAME					
STREET ADDRESS:					ADDRESS				
CHTY - \$1 - ZIP			6.40	ITY-S	T-ZIP	-di- 06 440 07/000 Finite 0-4-	1 5 - 36 25	Ab. a.s. Ab. a	

4. I do 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 bustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changos or on an attachment with an address.

SIGNATURE:

TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

WIN HOOFT TO

Daytime Phone #

**FILED** 

May 06 1997 8:00am

Secretary of State

A FRANK MYKKA BODY SKARA GURDI ANKO BODO BODY ANDRE DIDYI BODI BODI BODY.