

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000054311 (4)

1. Corporation Name

EMPLOY AMERICA II, INC.



Principal Place of Business

Mailing Address

1722 STAYSAIL DR
VALRICO FL 33594

1722 STAYSAIL DR
VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1993

4. FEI Number

59-3194585

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 199 Ave. K SE.

Suite, Apt. #, etc.

22

City & State

23 Winter Haven Fla.

Zip

24 33880

Country

25 US.

2a. Mailing Address

26 199 Ave. K SE.

Suite, Apt. #, etc.

27

City & State

28 Winter Haven Fla.

Zip

29 33880

Country

30 U.S.

9. Name and Address of Current Registered Agent

KEITH, WILLIAM C
1722 STAYSAIL DR
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name

James F. Knight

82 Street Address (P.O. Box Number is Not Acceptable)

199 Ave K, S.E.

83

84 City

Winter Haven

FL

85

Zip Code

33880

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	PV	<input checked="" type="checkbox"/> DELETE
NAME	KEITH, WILLIAM C	
STREET ADDRESS	1722 STAYSAIL DR	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM C. KEITH	
STREET ADDRESS	1722 STAYSAIL DR	
CITY-ST-ZIP	VALRICO FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James F. Knight	
1.3 STREET ADDRESS	199 Ave K, S.E.	
1.4 CITY-ST-ZIP	Winter Haven FL 33880	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marion A. Allen	
2.3 STREET ADDRESS	199 Ave. K, S.E.	
2.4 CITY-ST-ZIP	Winter Haven FL 33880	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Denny Wilson	
3.3 STREET ADDRESS	199 Ave K SE	
3.4 CITY-ST-ZIP	Winter Haven FL 33880	

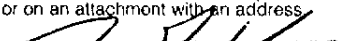
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Harold Shafer	
4.3 STREET ADDRESS	199 Ave. K SE	
4.4 CITY-ST-ZIP	Winter Haven FL 33880	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE



1/14/98

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CR2E034 (10/97)