

**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 # **P94000087420 (3)**

1. Corporation Name

**LABOR-COST MANAGEMENT, INC.**



Principal Place of Business

**24 BEAL PARKWAY S.W.  
FORT WALTON BEACH FL 32548**

Mailing Address

**24 BEAL PARKWAY S.W.  
FORT WALTON BEACH FL 32548**

3. Date Incorporated or Qualified **12/01/1994** 3a. Date of Last Report **04/11/1995**

4. FEI Number **59-3280071** 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

21. Principal Place of Business Suite, Apt. #, etc. **123 STAFF DRIVE**

2a. Mailing Address Suite, Apt. #, etc. **123 STAFF DRIVE**

23. City & State **Fort Walton Beach, FL**

27. City & State **Fort Walton Beach, FL**

24. Zip **32548** 25. Country

29. Zip **32548** 30. Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**MILAN, DONALD F  
4345 HIDDEN LAKES DR E  
NICEVILLE FL 32578**

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: *Donald F. Milan* DATE: **4-29-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE
NAME	<b>MILAN, DONALD F</b>	
STREET ADDRESS	<b>4345 HIDDEN LAKES DR. E</b>	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILAN, DONALD F</b>	
STREET ADDRESS	<b>4345 HIDDEN LAKES DR. E</b>	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	
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		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address.

SIGNATURE: *Donald F. Milan* DATE: **4-29-96** 909-243108

CR2E034 (12/95)