FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 1:52

DOCUMENT # J57959 (5)

1. Corporation Name
SPRINT STAFFING, INC.

Principal Place of Business	Mailing Address
5444 BAY CENTER DR STE 200 TAMPA FL 33609 US	PO BOX 10385 TAMPA FL 33679 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/16/1987
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2767175 ☐ 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

9. Name and Address of Current Registered Agent

HOOVER, ROBIN C.
4318 CARROLLWOOD VILLAGE DR
TAMPA FL 33624

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HOOVER, ROBIN C. ~~4318 CARROLLWOOD VILL DR~~ ~~TAMPA FL~~	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 616 TROPICAL BREEZE WY TAMPA FL 33602-5905
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~MOUSSEAU, TERRIE L~~ ~~5444 BAY CTR DR, STE 200~~ ~~TAMPA FL~~	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition S Nick Accocella 8784 Ashworth Dr Tampa, Fl 33647
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAGGERTY, PATRICK 3501 NO CAUSEWAY BLVD, STE 600 METAIRIE LA	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition 700 L
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~RYAN, J K~~ ~~9210 BEAVER STR~~ ~~ST PAUL MN~~	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition D PETER SZAMOELAN 3258 LAKEVIEW BLVD LAKE OSWEGO, OR 97035
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☒ Addition VP VERNON C. VOKUS 1817 PENSON LAKE DR #12 BRANDON, FL 33511
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ 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)(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: _____ 2/7/95 813/286 2860
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444340 FP