FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation Name

DOCUMENT # J57959

(5)

SPRINT STAFFING, INC.

Principal Place of 5444 BAY CEN STE 200	ITER DR	Mailing Address PO BOX 18385 TAMPA FL 33679										
TAMPA FL 33609 US		US				3. Date incorporated o 02/16/1987	icorporated or Qualified 3a. Date of Last Report 03/28/1995					
2. Principal Pla 21	ce of Business	2a. Mailing Address 26				1	4. FEI Number 59-2767175				Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			,	5. Certificate of Status	Desired	See Required				
City & State		City & State	-				 Election Campaign I Trust Fund Contribu 		X		May Be to Fees	
Zip	Country 2 p C 30								ty for intangible tax under s. 199.032, Yes No			
	g. Name and Address of Current			Ι.,		1	0. Name and Addres	s of New R	egistered	Agent		
				81	Name							
	, ROBIN C.					Street Address (P.O. Box Number is Not Acceptable)						
	RROLLWOOD VILLAGE DR		83 90			mizzenna	IST L	ANE				
TAMPA F	L 33624				_							
				84	City 🔪	TAN	0PA		Fl	85 Zig	o Code	
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Sectio	 Such change was authorized 	zed by the	ove n carpo	amed co	orporation	a submits this statemen	nt for the pur ept the app	pose of ch pintment a	nanging its r s registered	egistered office agent. Lam	
SIGNATURE	Signature, typed or prices in unit of regularized agent a	Logick assistant tele	OFF Purjedore	. I Å is	Permi Shara e	na const a fee	et Konstatue		DATE	-		
12.	OFFICERS AND		13.		. 35,1181.1314, 1	11. 4 1 1 1 1 1 1 1 1	ADDITIONS/CHANC	SES TO OFF		D DIRECTO	RS IN 12	
TITLE	DP	☐ DELĒTE	1.1	TIPLE		T		·		Change	Addition	
NAME	HOOVER, ROBIN C.		121	NAME								
STREET ADDRESS -	- 616 TROPICAL BREEZE WAY		135	STREET	ADORESS	901	MIZZENMA	ist la	NE			
CITY-ST-ZIP	TAMPA FL	E3 001031		CHTY - S	I - ZIP					Change	☐ Addition	
TITLE	S ACCOCELLA, NICK	☐ DELETE		TITLE						L] Cliarige	Mudicion	
NAME STREET ACORESS	8784 ASHWORTH DR			NAME CIDEET	ADDRESS							
CITY - ST - ZIP	TAMPA FL			C-TY S								
TITLE	D	DELETE		TIFLE						Cnange	Addition	
NAME	HAGGERTY, PATRICK		321	NAME								
STREET ADDRESS	3501 NO CAUSEWAY BLVD, S	STE 600	3.3	STREET	ADDRESS							
CITY - S1 - ZIP	METAIRIE LA		341	CITY-S	F- ZIP							
TITLE	D	☐ DELETE	4.1	TITLE						☐ Change	☐ Addition	
NAME	SZAMBELAN, PETER		421	NAMé								
STREET ADDRESS	3258 LAKEVIEW BLVD				ADDRESS							
CITY-ST-ZIP			4.4 CITY - ST - ZIP 5.1 TITLE		-				Change	Addition		
TITLE	VOKUS, VERNON C			NAME						Onlings		
NAME STREET ADDRESS	1817 PAINSTON LAKE DR #8	12			ADDRESS	1	i					
STREET ADDRESS CITY-ST-ZIP	BRANDON FL	1-	4	aintei Olly-S								
TIFLE		DELETE		TILE		†				Change	Add tion	
NAME			62	NAME								
STREET ADDRESS			63	STREET	ADDRESS	1						
CI1Y+S1-ZIP				C(1 Y - S		1						
certify that	y certify that the information supplied vithe information indicated on this annual am an officer or director of the corpulations 12 or Block 13 if changed or of the corpulations in the second of the corpulations of the second	al report or supplemental an ration or the receiver or trust in an attachment with an add	nua! report ee empow	t is tru eredi:	ie and ai to execu	accurate a	iod that my signature si	hall have the	same legi lorida Stati	al effect as i utes, and th	f made under	

SIGNATURE: 🔀

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-286-2860