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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION   
ANNUAL REPORT  
1995



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

DOCUMENT # **K77042** (5)  
1. Corporation Name  
**PORTER STAFFING, INC.**  
**SKILLMATES INC**

Principal Place of Business Mailing Address  
**1900 N. WESTMOORE** **PO BOX 173048**  
**SUITE 100** **TAMPA FL 33672**  
**TAMPA FL 33607** **US**  
**00**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 **1100 FLORIDA AVE** 26 **PO BOX 172175**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State **Tampa, FL** 27 City & State **Tampa, FL**  
23 Zip **33602** Country Hillsb. 29 Zip **33672** 30 Country Hillsb.

3. Date Incorporated or Qualified **03/31/1989** 3a. Date of Last Report **05/27/1994**  
4. FEI Number **59-3160395** 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 G. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PORTER, R GALE**  
**2810 MERIDA LANE**  
**TAMPA FL 33618**

10. Name and Address of New Registered Agent  
B1 Name **William K. Porter**  
B2 Street Address (P.O. Box number is Not Acceptable) **1100 FLORIDA AVE**  
B3  
B4 City **TAMPA** FL Zip Code **33602**

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 William K. Porter DATE **3-24-95**  
Signature, typed or printed name of registered agent and title of office. NOTE: Registered Agent signature required when reappointing.

| 12. OFFICERS AND DIRECTORS |                           |
|----------------------------|---------------------------|
| TITLE                      | <b>P- PORTER, R GALE</b>  |
| NAME                       | <b>2810 MERIDA LANE</b>   |
| STREET ADDRESS             | <b>TAMPA FL</b>           |
| CITY - ST - ZIP            |                           |
| TITLE                      | <b>S- PORTER, JERRY G</b> |
| NAME                       | <b>2810 MERIDA LN</b>     |
| STREET ADDRESS             | <b>TAMPA FL</b>           |
| CITY - ST - ZIP            |                           |
| TITLE                      |                           |
| NAME                       |                           |
| STREET ADDRESS             |                           |
| CITY - ST - ZIP            |                           |
| TITLE                      |                           |
| NAME                       |                           |
| STREET ADDRESS             |                           |
| CITY - ST - ZIP            |                           |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <b>President/Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | <b>William K PORTER</b>   |
| 1.3 STREET ADDRESS                                    | <b>1100 FLORIDA AVE</b>   |
| 1.4 CITY - ST - ZIP                                   | <b>TAMPA FL 33602</b>   |
| 2.1 TITLE   |   |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY - ST - ZIP                                   |   |
| 3.1 TITLE   |   |
| 3.2 NAME  | <b>400001487564</b>   |
| 3.3 STREET ADDRESS                                    | <b>-05/15/95--01077--001</b>  |
| 3.4 CITY - ST - ZIP                                   | <b>****417.50 ****208.75</b>  |
| 4.1 TITLE   |   |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY - ST - ZIP                                   |   |
| 5.1 TITLE   |   |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY - ST - ZIP                                   |   |
| 6.1 TITLE   |   |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY - ST - ZIP                                   |   |

**REMITTED BY DAY 1**

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 employed, or on appointment with an address.

SIGNATURE: William K. Porter DATE **3-24-95** **813 258 8616**  
Signature and typed or printed name of signing officer or L.