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AMENDED ANNUAL Report

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P92000005149

1. Corporation Name
Strategic Outsourcing Inc. of FL
364 Gulf Breeze Parkway
Gulf Breeze, FL 32561

Principal Place of Business
364 Gulf Breeze Parkway
Gulf Breeze, FL 32561

Mailing Address
364 Gulf Breeze Parkway
Gulf Breeze, FL 32561

3. Date Incorporated or Qualified: 11/12/92
3a. Date of Last Report: 11/7/97

2. Principal Place of Business
21 4421 Stuart Andrew Blvd.
22 Suite 200
23 Charlotte, NC
24 Zip 28217
25 Country Mecklenburg

2a. Mailing Address
26 4421 Stuart Andrew Blvd.
27 Suite 200
28 Charlotte, NC
29 Zip 28217
30 Country Mecklenburg

4. FEI Number: 59-3151335 ☐ 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

Stephen M. Lillo
364 Gulf Breeze Parkway
Gulf Breeze, FL 32561

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.
83
84 City: Plantation FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: Connie Bryan — CONNIE BRYAN, SPECIAL ASSISTANT SECRETARY — DATE: 12/5/97
Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required for reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☒ DELETE	1.1 TITLE	CEO/SEC/DIR. ☒ Change ☐ Addition
NAME		1.2 NAME	Robert M. Fotsch
STREET ADDRESS		1.3 STREET ADDRESS	140 Cheshire Lane
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Mooresville, NC 28115
TITLE	☒ DELETE	2.1 TITLE	PRESIDENT/DIR. ☒ Change ☐ Addition
NAME		2.2 NAME	David G. Ball
STREET ADDRESS		2.3 STREET ADDRESS	13442 Fremington Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Huntersville, NC 28078
TITLE	☒ DELETE	3.1 TITLE	TREASURER ☒ Change ☐ Addition
NAME		3.2 NAME	John B. Thigpen
STREET ADDRESS		3.3 STREET ADDRESS	3826 Yorkford Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Charlotte, NC 28269
TITLE	☐ DELETE	4.1 TITLE	DIR ☒ Change ☐ Addition
NAME		4.2 NAME	Stephen M. Mariano
STREET ADDRESS		4.3 STREET ADDRESS	18435 Peninsula Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Huntersville, NC 28078
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12/5/97

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14. I do 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 added on an attachment with an address.

SIGNATURE: Robert M. Fotsch 12/4/97 704-543-2191
FIRST NAME AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #