FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State
06-09-1999 90005 030 ***550.00

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DOCUMENT # P93000066982

1. Corporation Name
SMARTSTAFF, INC.

Principal Place of Business	Mailing Address
7933 BAYMEADOWS WAY SUITE 1 JACKSONVILLE FL 32256	7933 BAYMEADOWS WAY SUITE 1 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/20/1993

2. Principal Place of Business	2a. Mailing Address
21 11760 marco Beach DR	26 11760 marco Beach DR.
Suite, Apt. #, etc. 22 Suite 9	Suite, Apt. #, etc. 27 Suite 9
City & State 23 Jacksonville FL	City & State 28 Jacksonville FL
Zip / Country 24 32224 / 25 USA	Zip / Country 29 32224 / 30 USA

4. FEI Number: 59-3201117 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DRAKE, ROBERT E
7933 BAYMEADOWS WAY
SUITE 1
JACKSONVILLE FL 32256

Just new Address

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 11760 marco Beach Drive, Suite 9

83

84 City: Jacksonville **FL** 85 Zip Code: 32224

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	P	☐ DELETE	1.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	DRAKE, TENA M		1.2 NAME	DRAKE, TENA M.	
STREET ADDRESS	7933 BAYMEADOWS WAY S1		1.3 STREET ADDRESS	11760 marco Beach DR Suite 9	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville FL 32224	
TITLE	VP	☐ DELETE	2.1 TITLE	Chairman	☒ Change ☐ Addition
NAME	DRAKE, ROBERT E		2.2 NAME	Drake, Robert E.	
STREET ADDRESS	7933 BAYMEADOWS WAY S1		2.3 STREET ADDRESS	11760 marco Beach DR Suite 9	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville FL 32224	
TITLE		☐ DELETE	3.1 TITLE	Peesident & CEO	☐ Change ☒ Addition
NAME			3.2 NAME	ROSE, BRIAN S.	
STREET ADDRESS			3.3 STREET ADDRESS	11760 marco Beach DR Suite 9	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Jacksonville FL 32224	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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		

CR2E034 (11/98)

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Brian S. Rose 5-25-99 904-928-0878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #