

FILE NOW: FILING FEE AFTER MAY 1ST IS \$530.00

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90030 047 ***150.00

US-31311

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000081462

1. Corporation Name
ALLSTAFF PAYROLL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2101 N 9TH AVE, PENSACOLA FL 32503
Mailing Address: 2101 N 9TH AVE, PENSACOLA FL 32503

3. Date Incorporated or Qualified: 01/01/1994
4. FEI Number: 59-3214402
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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent
AGALL, BILL
2101 N 9TH AVE
PENSACOLA FL 32503

10. Name and Address of New Registered Agent (81-85)

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)

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Row 1: D AGALL, BILL, 2101 N 9TH AVE, PENSACOLA FL 32503.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and checkboxes for Change and Addition.

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: [Signature] 2/1/99 850-434-6708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)