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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000084253 (2)

AMERISTAFF IV, INC.

Principal Plac 3040 GULF TO SUITE 110	BAY BLVD	Mailing Address 3010 GULF TO BAY BLYD SUITE 110							
CLEARWATER FL 34619		CLEARWATER FL 34619-4344		3. Date Incorporated or Qualified 12/06/1993 3a. Date of Last Report 01/29/1996					
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			oplied For
21		26				59-3217850			ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	X		Additional
City & State		City & State							equired
	e e	28 City & State				6. Election Campaign Financing		\$5.00 Added	
23 Ζφ	Country		Coi	intry	,	Trust Fund Contribution 8. This corporation has liability for			
24	25]	29	30	•			Yes		. 100.002,
	g, Name and Address of Cur		1331			10. Name and Address of New F	egistered	Agent	
BEYER, DAVID A				81	Name				
	JONICK & WOLFE			82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
101 E KENNEDY BLVD, SUITE 2000									
TAM	IPA FL 33602-5133			83					
				84	City			85 Zip	Code
			<u>-</u>	<u> </u>		poration submits this statement for the	<u> Fl</u>		
SIGNATURE	Segretary typed or printed name of registered			d Age	ant signature requir	red when reinstating)	DATE	- Publication	
12. Tillé	D OFFICERS.	AND DIRECTORS DELETE	13.	T) E	T	ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
NAME	CRUM, FRANK JR			1.1 TITLE 1.2 NAME				C Outside	Augilion
STREET ADDITESS:	3040 GULF TO BAY BLVD.	SUITE 110			ADDRESS				
011Y - \$1 - ZIP	CLEARWATER FL 34619	0011E 110			IT-ZIP				
TITLE				21 TITLE				Change	☐ Addition
NAME	CRUM, FRANK SR		22 N	AME					
STREET ADDRESS			235	TREET	ADDRESS				
CITY-S1-ZIP					ST-ZIP		, ,		·····
THTLE		DELETE	311			•		Change	Addition
NAME			3.2 N		ĺ				
STREET ADDRESS	1			3.3 STREET ADDRESS					
CHY-ST-ZIP				3.4. CITY - ST - ZIP 4.1 TITLE				Change	Addition
TITLE		U VELETE		IILE IAME				CT CHANGE	L.J AUUIIIDII
NAME PERCELANDRESS					ADDRESS				
STREET ADDRESS					ST-ZIP				
C(1Y+S1+Z)P TITLE		DELETE	5.1 1		21-4IF			Change	Add tion
NAME		band 2 3 4 5 5	5.2 N		İ				
STREET ADDRESS					ADDRESS				

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 empowers 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 artists.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: FRANK W. CRUM Se

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DELETE

2/21/97

813-798-1229

Change

Addition

FILED

Feb 27 1997 8:00am

Secretary of State