FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000074322 (6)

1. Corporation Name
CUSTOM STAFFING, INC.

Principal Place of Business
33837 SABAL WAY
LEESBURG FL 34788

Mailing Address
33837 SABAL WAY
LEESBURG FL 34788

3. Date Incorporated or Qualified: 10/06/1994
3a. Date of Last Report: 01/24/1995

2. Principal Place of Business
21 2600 LAKE LUCIEN DR.
Suite, Apt #, etc.
22 SUITE 205
City & State
23 MAITLAND FL
Zip 24 32751 Country 25 ORANGE

2a. Mailing Address
26 SAME
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3270426 ☐ 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

LANGMO, BERNARD D
33837 SABAL WAY
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 1066 LAUREL RIDGE DR
83
84 City: MOUNT DORA FL 85 Zip Code 32757

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 [signature] (DON LANGMO) [signature] 4/26/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVTD	☐ DELETE
NAME	LANGMO, BERNARD DON	
STREET ADDRESS	33837 SABAL WAY	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VD	☐ DELETE
NAME	LANGMO, LISA SMITH	
STREET ADDRESS	33837 SABAL WAY	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	☐ DELETE
NAME	SMITH, LORI LYNN	
STREET ADDRESS	1112 S. MONTEREY CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 changed, or on an attachment with an address.

SIGNATURE: [signature] 4/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DON LANGMO