**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 # **P95000038705 (6)**

1. Corporation Name

**UNION TEMPORARY SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 295 W 79TH PLACE<br>HIALEAH FL 33014 | 295 W 79TH PLACE<br>HIALEAH FL 33014 |

3. Date Incorporated or Qualified: 05/15/1995

3a. Date of Last Report: N/A

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22) (27)

City & State (23) (28)

Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0585128 ☐ 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**

MCNALLY, PATRICK
19355 N.E. 10TH AVE.
BUILDING 3, SUITE 214
NORTH MIAMI BEACH FL 33179

**10. Name and Address of New Registered Agent**

81 Name: SAME : MCNALLY, PATRICK

82 Street Address (P.O. Box Number is Not Acceptable): 16165 NW 64 Ave #332

83

84 City: Miami Lakes FL 85 Zip Code: 33014

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 filing electronically)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | | ☐ DELETE | 1.1 TITLE | P-President | ☐ Change ☑ Addition |
| NAME | | | 1.2 NAME | Dylee McNally | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | 16165 N.W. 64 AVE #332 | |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP | Miami LAKES, FL 33014 | |
| TITLE | | ☐ DELETE | 2.1 TITLE | V.P. | ☐ Change ☑ Addition |
| NAME | | | 2.2 NAME | Wendy Blanton | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | 16145 NW 64 Ave #326 | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | Miami Lakes FL 33014 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | S-T | ☐ Change ☑ Addition |
| NAME | | | 3.2 NAME | JANET S. BLANTON | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | 16145 NW 64 Ave #326 | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | Miami LAKES FL 33014 | |
| 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 (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:** JANET S. BLANTON Janet S Blanton 02-20-96 305 557-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #