

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

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P95000056525
1. Corporation Name
AFFORD-A-STAFF, INC.

Principal Place of Business
1554 S. Ft Harrison Ave
Clearwater, FL 33756

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/19/95

4. FID Number
59-3324343

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

Oliver Ackerley
1216 Sunset Drive
Clearwater, FL 33755

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3), 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 as such, the provisions of, Section 607.01(3), Florida Statutes.

SIGNATURE

Oliver Ackerley

(Print Name of Agent for Change (Required when changing))

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Oliver Ackerley

STREET ADDRESS 1554 S Ft Harrison

CITY-STATE-ZIP Clearwater, FL 33756

TITLE ☐ DELETE

NAME Secretary

STREET ADDRESS 1554 S Ft Harrison

CITY-STATE-ZIP Clearwater, FL 33756

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information
indicated on this and all reports or supporting documents and reports 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 incorporator or the person who caused this report as required by Chapter 607, Florida Statutes, and that my name appears in
Block 12 or Block 13 of this filing.

SIGNATURE: *Oliver Ackerley*
Oliver Ackerley, President, Afford-A-Staff, Inc.

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-06/19/98-01011-034
***158.75

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