FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 12: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000083147 (7)**

1. Corporation Name

ADVANCED STAFFING CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2499 OLD LAKE MARY ROAD SUIE 102 SANFORD FL 32771 US	2499 OLD LAKE MARY ROAD SUIE 102 SANFORD FL 32771 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1993
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business	2a. Mailing Address
21 37 Skyline Dr.	26 37 Skyline Dr.
22 Suite 4301 (Suite, Apt. #, etc)	27 Suite 4301 (Suite, Apt. #, etc)
23 Lake Mary, FL (City & State)	28 Lake Mary, FL (City & State)
24 32746 (Zip) / 25 U.S.A. (Country)	29 32746 (Zip) / 30 U.S.A. (Country)

4. FEI Number: 59-3208397 ☐ 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

LONG, MARK D
9108 STONEBROOK DRIVE
SANFORD FL 32771

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 607.0502 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name/address is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LONG, MARK D	12 NAME	
STREET ADDRESS	9108 STONEBROOK DRIVE	13 STREET ADDRESS	
CITY ST ZIP	SANFORD FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	BLAHO, RON A.	22 NAME	
STREET ADDRESS	309 MEADOW BOULEVARD	23 STREET ADDRESS	
CITY ST ZIP	SANFORD FL	24 CITY ST ZIP	
TITLE	EV	31 TITLE	☐ Change ☐ Addition
NAME	MORGAN, BARRY	32 NAME	
STREET ADDRESS	9108 STONEBROOK DR	33 STREET ADDRESS	
CITY ST ZIP	SANFORD FL	34 CITY ST ZIP	
TITLE		41 TITLE	Vice-President ☐ Change ☒ Addition
NAME		42 NAME	Bruce Bumbaugh
STREET ADDRESS		43 STREET ADDRESS	1910 Hickory Woods Court, #14M
CITY ST ZIP		44 CITY ST ZIP	Deltona, FL 32725
TITLE		51 TITLE	Treasurer ☐ Change ☒ Addition
NAME		52 NAME	Mindi Michelle Righter
STREET ADDRESS		53 STREET ADDRESS	793 Creekwater Terr., #211
CITY ST ZIP		54 CITY ST ZIP	Lake Mary, FL 32746
TITLE		61 TITLE	Secretary ☐ Change ☒ Addition
NAME		62 NAME	Mindi Michelle Righter
STREET ADDRESS		63 STREET ADDRESS	793 Creekwater Terr., #211
CITY ST ZIP		64 CITY ST ZIP	Lake Mary, FL 32746

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)(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.

SIGNATURE: _____ 45 Pages - 2/21/95 407 444 5992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0418430 FP