

4-8-98 B 4300 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 353611 (7)
1. Corporation Name
ALL TEMP SERVICES, INC.

Principal Place of Business
714 W. AMELIA STREET
ORLANDO FL 32805

Mailing Address
714 W. AMELIA STREET
ORLANDO FL 32805



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/09/1969	Applied For Not Applicable
4. FEI Number 59-1272933	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BODWELL, ELIZABETH
714 W AMELIA ST
714 WEST AMELIA STREET
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 607.0508, Florida Statutes.

SIGNATURE ELIZABETH BODWELL *Elizabeth Bodwell* 4/8/98
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	P
NAME	BODWELL, KENNETH A
STREET ADDRESS	714 W AMELIA STREET
CITY-ST-ZIP	ORLANDO FL 32805
TITLE	VP
NAME	COVENEY, PAUL M
STREET ADDRESS	1440 E NORMANDY BLVD
CITY-ST-ZIP	DELTONA FL 32725
TITLE	VP
NAME	FRY, RICHARD F
STREET ADDRESS	1508 TYREL DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	ST
NAME	BODWELL, ELIZABETH G
STREET ADDRESS	714 W AMELIA STREET
CITY-ST-ZIP	ORLANDO FL
TITLE	VP
NAME	BODWELL, NICHOLAS
STREET ADDRESS	714 W AMELIA STREET
CITY-ST-ZIP	ORLANDO FL 32805
TITLE	VP
NAME	BODWELL, RICHARD
STREET ADDRESS	714 W. AMELIA STREET
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 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: Kenneth A Bodwell

1/22/98 (407) 843-3770

CR2E034 (10/97)