

PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90070 032 ***150.00

DOCUMENT #

353 611 ✓

1. Corporation Name

ALL TEMP SERVICES, INC.

Principal Place of Business

Mailing Address

714 W. Amelia St
Orlando, FL 32805714 W. Amelia St
Orlando, FL
32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1969

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip Country

Zip Country

25

29

30

9. Name and Address of Current Registered Agent

Bodwell, Elizabeth
714 W. Amelia St.
Orlando, FL 32805

10. Name and Address of New Registered Agent

81 Name Stacey Royalty - Rose

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

714 West Amelia St

83

84 City Orlando

FL

85 Zip Code 32805

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 Stacey Royalty - Rose

4/21/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

☐ DELETEP
Kenneth A. Bodwell
714 W. Amelia St
Orlando, FL 32805ST
Elizabeth G. Bodwell
714 W. Amelia St
Orlando, FL 32805VP
Paul Coveney
714 W. Amelia St
Orlando, FL 32805VP
Richard Bodwell
714 W. Amelia St
Orlando, FL 32805V.P.
Nicholas Bodwell
714 W. Amelia St
Orlando, FL 32805☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

(407) 843-3770

Daytime Phone #

CR2E034 (11/98)