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 MAY -1 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **419246** **(4)**

1. Corporate Name
GALE PORTER TEMPORARY HELP, INC.

Principal Place of Business
1100 N. FLORIDA AVE.
TAMPA FL 33602

Mailing Address
1100 N. FLORIDA AVE.
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1973
3a. Date of Last Report: 06/20/1994

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

4. FEI Number: 59-1441959 — 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 activity for intrastate business under the laws of Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PORTEN, R. GALE
2610 MERIDA LANE
TAMPA FL 33618

Spelling correction

10. Name and Address of New Registered Agent
81 Name: PORTER, R Gale
82 Street Address (P.O. Box Number is Not Acceptable): SAME
83
84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0506, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name / Address
P	PORTEN, R. GALE 2610 MERIDA LANE TAMPA FL 33618
S	PORTEN, JERRY G. 2610 MERIDA LANE TAMPA FL 33618

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name / Address	Change / Addition
	PORTER R GALE SAME	☐ Change ☐ Addition
	PORTER, JERRY G. SAME	☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as my resignation as officer or director of the corporation if the officer or director appointed to fill vacancies created by the resignation of the officer or director appointed to fill vacancies created by the resignation of the officer or director appointed to fill vacancies created by the resignation of