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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **528182** **(9)**

1. Corporation Name

GIRL FRIDAY PERSONNEL, INC.

Principal Place of Business	Mailing Address
5560 BEE RIDGE RD STE 5-6 SARASOTA FL 34276-5289 US	5560 BEE RIDGE RD STE 5-6 SARASOTA FL 34276-5289 US

3. Date Incorporated or Qualified: 02/10/1977	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1917423	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 5560 Bee Ridge Road	26 P.O. Box 22289
Suite, Apt. #, etc. 22 Suite D 5-6	Suite, Apt. #, etc. 27
City & State 23 Sarasota, FL	City & State 28 Sarasota, FL
Zip / Country 24 34233 / 25	Zip / Country 29 24376 / 30

9. Name and Address of Current Registered Agent

PRED, STANLEY M
1515 NW. T ST #106
NORTH MIAMI BEACH FL 33181

10. Name and Address of New Registered Agent

81 Name: Jacocks, H. Robert
82 Street Address (P.O. Box Number is Not Acceptable): 5560 Bee Ridge Road
83: Suite D 5-6
84 City: Sarasota FL 85 Zip Code: 34233

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 is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JACOCKS, H. ROBERT 1970 LANDINGS BLVD #311 SARASOTA FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Jacocks, H. Robert 5560 Bee Ridge Road, Suite D 5-6 Sarasota, FL 34233	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JACOCKS, THYRZA 1970 LANDINGS BLVD #311 SARASOTA FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	S Jacocks, Robert A. 5560 Bee Ridge Road, Suite D 5-6 Sarasota, FL 34233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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: H. Robert Jacocks 5/10/96 941-378-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)