TILE NUW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

851329

(3)

NORRELL SERVICES, INC.

Mailing Address

FILED May 12 1998 8:00am Secretary of State



3535 PIEDMONT RD NE ATLANTA GA 30305		3535 PIEDMONT RD NE ATLANTA GA 30305				DO NOT WRITE IN THIS SI	PACE		
						3. Date Incorporated or Qualified 12/18/1981	AUL		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4, FEI Number	Ap	plied For	
21		26				58-1079429		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.	27			5. Certificate of Status Desired		Additional equired	
City & State		City & State	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Ζη: 29	Count	try		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered A	gent		
CT CORPORATION SYSTEM				31 1	Name				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			L		Street Addi	ress (P.O. Box Number is Not Acceptable)			
			8	33					
					City	FL	1 .	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 proited name of regulared a	overt and trie if applicable (NO	If Registered A	Apont	signaluro requi	ired when reinstating) DATE	· 	- 	
12.		ND DIRECTORS	13.		organia o resign	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	
TITLE	7	DELETE	1.1 TiTL	E			Change	☐ Addition	
NAME	COLE, MADISON F.		1.2 NAM	1.2 NAME					
STREET ADDRESS			13 STREET ADDRESS		DDRESS				
CITY-ST-ZIP			14 CITY	14 CITY-ST-ZIP					
TITLE			2 1 TITL	F		· ·	Change	L_ Addition	
NAME			2.2 NAM	2.2 NAME					
STREET ADDRESS	1580 LAZY RIVER LANE			2 3 STREET ADDRESS					
CITY-ST-ZIP				2. 4 CITY-ST-ZIP 3 1 TITLE			Change	Addition	
TITLE	_					'	Criange	ADDITION	
NAME	COLO CITATION AND AND		3.2 NAM		DDDECC				
STREET ADDRESS	157 41/51 01 00000		3.3 STRI 3.4. CITY						
CITY-ST-ZIP TITLE	P	P DELETE 4.1			- 211		Change	☐ Addition	
NAME	MILLER, C. DOUGLAS		4 2 NAM				-		
STREET ADDRESS				EE1 AC	DDRESS				
CITY-ST-ZIP	MARIETTA GA	. 1	4.4 CIT		ZIP				
TITLE	C	DELETE	5.1 TITE	E			Change	Addition	
NAME	•		5.2 NAM	Æ	j				
STREET ADDRESS				5.3 STREET ADDRESS					
CITY-ST-ZIP				4 CITY - ST - ZIP			Ot	1 Address	
TITLE	AT DELETE 6.1						Change	Addition	
NAME	7711 - 2071, 11 2071			6.2 NAME 6.3 Street Address					
STREET ADDRESS	3535 PIEDMONT RD., N.E.								
DITY-ST-ZIP	ATLANTA GA		6.4 CITY	/-ST-	ZIP				

14. Thereby cortify 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 informatio 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 maniged, or on an attachment with an address.