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
APR 25 1995
95 APR 25 PM 4:03
FLORIDA

DOCUMENT # **F35417** **(7)**

1. Corporation Name
KING TEMPORARY STAFFING, INC.

Principal Place of Business	Mailing Address
~~1901 GULF LIFE TOWER~~ ~~JACKSONVILLE FL 32207~~	~~1901 GULF LIFE TOWER~~ ~~JACKSONVILLE FL 32207~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/19/1981**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business	2a. Mailing Address
21 1301 Riverplace Blvd	26 1301 Riverplace Blvd
Suite, Apt. #, etc. 22 Suite 1901	Suite, Apt. #, etc. 27 Suite 1901
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32207 / 25 U.S.	Zip / Country 29 32207 / 30 U.S.

4. FEI Number: **59-2099247** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANDAU FRANCINE CLAIR ESQ ~~501 LAW EXCHANGE BLDG~~ ~~2 N MARKET STREET~~ ~~JACKSONVILLE FL 32202~~	81 Name: Landau, Francine Clair ESQ 82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd 83 Suite 1950 84 City: Jacksonville **FL** 85 Zip Code: 32207

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☑ Change ☐ Addition
NAME	KING, JIM	12 NAME	
STREET ADDRESS	~~1840 GULF LIFE TOWER~~	13 STREET ADDRESS	1301 Riverplace Blvd, Suite 1901
CITY ST ZIP	~~JACKSONVILLE, FL 00000~~	14 CITY ST ZIP	Jacksonville, FL 32207
TITLE	PST	21 TITLE	☑ Change ☐ Addition
NAME	STEVENSON, RALPH	22 NAME	
STREET ADDRESS	~~1840 GULF LIFE TOWER~~	23 STREET ADDRESS	1301 Riverplace Blvd, Suite 1901
CITY ST ZIP	~~JACKSONVILLE, FL 00000~~	24 CITY ST ZIP	Jacksonville, FL 32207
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	WHIPPLE, PAULA E.	32 NAME	
STREET ADDRESS	633 CUSTER RD.	33 STREET ADDRESS	
CITY ST ZIP	ORANGE PARK FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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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: Paula Whipple Paula Whipple 4/6/95 3985464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0408380 FP