... FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000005181 (1)

1. Corporation Name

GEORGIA TEMP, INC.

Principal Place of Business 133 PEACHTREE ST., NE ATLANTA GA 30303	Mailing Address 133 PEACHTREE ST., NE ATLANTA GA 30303

	3. Date Incorporated or Qualified	3a. Date of Last Report
	10/24/1995	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**58-1684852**	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City · FL · 85 Zip 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 printed name of registered agent and title if applicable _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CORRELL, A.D.		1.2 NAME		
STREET ADDRESS	133 PEACHTREE ST., NE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30303		1.4 CITY-ST-ZIP		
TITLE	DCFO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCGOVERN, JOHN F		2.2 NAME		
STREET ADDRESS	133 PEACHTREE ST., NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30303		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REYNOLDS, DAVID W		3.2 NAME		
STREET ADDRESS	133 PEACHTREE ST., NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30303		3.4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KELLEY, JAMES F		4.2 NAME	80000174443B	
STREET ADDRESS	133 PEACHTREE ST., NE		4.3 STREET ADDRESS	-03/15/96--01034--023	
CITY-ST-ZIP	ATLANTA GA 30303		4.4 CITY-ST-ZIP	***208.75	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HEIDT, EARL W		5.2 NAME		
STREET ADDRESS	133 PEACHTREE ST., NE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30303		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MAMRACK, WILLIAM A		6.2 NAME		
STREET ADDRESS	55 PARK PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30303		6.4 CITY-ST-ZIP		

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)(k), 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 _____ 2/26/96