

2-18-98 B 2272 C  
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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005736 (1)**

1. Corporation Name

**JOBSMART EMPLOYMENT AND TEMPORARY SERVICES, INC.**

Principal Place of Business

Mailing Address

**7600 SOUTHLAND BLVD.  
SUITE 321  
ORLANDO FL 32809**

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SUITE 321  
ORLANDO FL 32809**

3. Date Incorporated or Qualified

**10/22/1996**

4. FEI Number

**01-0480400**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D PRATT, ALEX  
MAIN ST  
KENNEBUNK ME 04043**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D OUELLETTE, ROBERT  
445 MAIN ST  
SACO ME 04072**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D BOLDUC, TINA  
74 PROSPECT ST  
BIDDEFORD ME 04005**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D BURR, GEOFF  
BCH ST MARKET  
SACO ME 04072**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**T BURR, SUSAN  
74 BCH ST  
SACO ME 04072**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**P RICHARD, HENRY  
TATNIC RD  
WELLS ME**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**S FILLIGER, CHERYL  
1 PARK PLACE 445 MAIN ST  
SACO, ME 04072**

☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

**D OUELLETTE, LISE  
445 MAIN ST  
SACO, ME 04072**

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

**D OUELLETTE, LISE  
445 MAIN ST  
SACO, ME 04072**

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

**D OUELLETTE, LISE  
445 MAIN ST  
SACO, ME 04072**

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

**D OUELLETTE, LISE  
445 MAIN ST  
SACO, ME 04072**

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

**D OUELLETTE, LISE  
445 MAIN ST  
SACO, ME 04072**

☐ Change ☐ Addition

14. I hereby certify 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Robert P Ouellette, Director**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-9-98**

Date

**(207) 282-7552**

Daytime Phone # 0018617

CR2E037 (10/97)