FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700001064 (1)

DELTA STAFFING SERVICES, INC.

FILED Feb 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							3 4001/00 11/10 10/11 100/1 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11			
PO BOX 20706 ATLANTA GA 30220-6001			PO BOX 20706 ATLANTA GA 30220-8001				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			
							02/28/1997			
2. Principal Pl	ace of Business	2a, Mail	2a. Mailing Address				4. FEI Number Applied	d For		
21		26						plicable		
Suite, Apt. :	⊭, etc.	Suite 27					5. Certificate of Status Desired Fee Required			
City & State		City	City & State				Election Campaign Financing \$5.00 May			
23		28					Trust Fund Contribution Added to Fees			
Zip	Country Zip			 	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25	25 29 30 30 and Address of Current Registered Agent					Personal Property Tax due June 30. LJ Yes ZA No 10. Name and Address of New Registered Agent			
		nt Hegistered	Agent		B1	Name	(U. Maille and Address of New Hegistered Agent			
	CORPORATION SYSTEM					Hame				
	0 South Pine Island Road Intation FL 33324					Street A	eet Address (P.O. Box Number is Not Acceptable)			
	MANUAL COOP			-	83					
				-	B4	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 registers										
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.		13.		it signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12				
TITLE	DC	ND DIRECTOR	DELETE	1.1 T(T)	Æ	I	D.P. Change	Addition		
NAME	WORTH, MAURICE W		1.2 N		ИE		W. Martin Braham 3315 Straffield Dr. NE			
STREET ADDRESS	155 ASHLAND WAY			1.3 STF	EET A	ADDRESS	3315 Straffield DI. NE			
CITY-ST-ZIP	FAYETTEVILLE GA 30214		1.4 CI		Y-ST	- 1	Atlanta, GA 303/9			
TITLE	D		DELETE	2.1 TIT			DC Change	Addition		
NAME	ADAMS, ROBERT G			2.2 NA	ΜE					
STREET ADDRESS	230 FORREST LAKE DR			2.3 STA	EET A	ADDRESS				
CITY-ST-ZIP	ATLANTA GA 30327			2. 4 CI	Y-8	T-ZIP				
TITLE	D		DELETE	ETE 3.1 TITI			Comptroller Change	Addition		
NAME	MATHEWS, JAMES G			3.2 NA	J E		Jeffier Simmons +			
STREET ADDRESS	6995 HUNTERS KNOLL			3.3 STF	EET	address	Jeffrey Simmons 160 Overlook Court			
CITY-ST-ZIP	ATLANTA GA 30328				CITY-ST-ZIP Fat		Fayetleville, GA 302/5			
TITLE	T DELETE		☐ DELE TE	4.1 TIT	.E		Assistant Treasurer Change	Addition		
NAME	WRIGHT, LEE B			4. 2 NA	ME		Anita B. O'Reilly o'dea			
STREET AODRESS	5878 YARDLEY CT			4.3 STF	EET /	address	4778 MINTIMOET KINGE			
CITY-ST-ZIP	POWDER SPRINGS GA 3007	' 3		4.4 C(T	Y-ST	r- ZIP	Marleta, GA 30068			
TITLE	8		DELETE	5.1 TIT	.E		Change	Addition		
NAME	ARVIDSON, DEAN C			5.2 NA	ИE					
STREET ADDRESS	1112 DAN JOHNSON RD NE	•		5.3 STF	EET /	address				
CITY-ST-ZIP	ATLANTA GA 30307			5.4 CIT	Y - \$1	- ZIP				
TITLE			☐ DELETE	6.1 TtT	.E		☐ Change	Addition		
NAME				6.2 NA	ИE			,		
STREET ADDRESS				6.3 STF	EET	adoress				
CITY-ST-ZIP				6.4 CIT	CITY-ST-ZIP					
14. I hereby c	ertify that the information supplied a	with this filing (does not qu a lify f	or the exe	mpt	ion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the infor	rmation		

Indicated on this annual report or supplied with this limit does not quality for the exemption stated in declared in 1950 (3)(). Florida statutes. Intrins carried the information indicated on this annual report is true and eccurate and that my signature shall have the same legal effect as if made under oath that it am an officer or director of the corporation of 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 oddress.

ANITA B. O'REILLY ASSISTANT TREASURER --- 27 1404