


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

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000005305 (4) 1. Corporation Name STAFFMARK, INC.					
Principal Place of Business 302 E. MILLSAP RD. FAYETTEVILLE AR 72703			Mailing Address 302 E. MILLSAP RD. FAYETTEVILLE AR 72703		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/09/1997	
4. FEI Number 71-0788538		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent 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	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, CLETE T	1.2 NAME	
STREET ADDRESS	302 E. MILLSAP RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FAYETTEVILLE AR 72703	1.4 CITY - ST - ZIP	
TITLE	SCFO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLORA, TERRY C	2.2 NAME	
STREET ADDRESS	302 E. MILLSAP RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FAYETTEVILLE AR 72703	2.4 CITY - ST - ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANES, ROBERT H III	3.2 NAME	
STREET ADDRESS	302 E. MILLSAP RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FAYETTEVILLE AR 72703	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, GORDON Y	4.2 NAME	
STREET ADDRESS	302 E. MILLSAP RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	FAYETTEVILLE AR 72703	4.4 CITY - ST - ZIP	
TITLE	COO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, TED	5.2 NAME	
STREET ADDRESS	3310 WEST END AVE., STE. 540	5.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN 37203	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTHOLOMEW, W. DAVID	6.2 NAME	
STREET ADDRESS	3310 WEST END AVE., STE. 540	6.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN 37203	6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Robert H. Jones III REQUIRED

CR2E034 (10/97)