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Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90172 013 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000006153

1. Corporation Name

CENTURY II STAFFING, INC.

Principal Place of Business

30 BURTON HILLS BLVD. SUITE 310  
NASHVILLE TN 37215

Mailing Address

30 BURTON HILLS BLVD. SUITE 310  
NASHVILLE TN 37215

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1997

4. FEI Number

62-1247089

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 155 FRANKLIN RD

Suite, Apt. #, etc.

22 SUITE 330

City & State

23 BRENTWOOD, TN 37027

Zip

24 37027

Country

25 US

2a. Mailing Address

26 155 FRANKLIN RD

Suite, Apt. #, etc.

27 SUITE 330

City & State

28 BRENTWOOD, TN 37027

Zip

29 37027

Country

30 US

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

TITLE P ☐ DELETE

NAME FORTUNE, MARC  
STREET ADDRESS 2200 HARDING PLACE  
CITY-ST-ZIP NASHVILLE TN 37215

TITLE D ☐ DELETE

NAME DAILY, GREGORY S  
STREET ADDRESS 3841 GREEN HILLS VILLAGE DR  
CITY-ST-ZIP NASHVILLE TN 37215

TITLE S ☐ DELETE

NAME ALTENBERN, DOUGLAS SR  
STREET ADDRESS 1025 CHANCERY LANE S.  
CITY-ST-ZIP NASHVILLE TN 37215

TITLE D ☐ DELETE

NAME GOULD, JEFFREY R  
STREET ADDRESS 1163 GATEWAY LANE  
CITY-ST-ZIP NASHVILLE TN 37220

TITLE D ☐ DELETE

NAME HICKEY, ROSS V JR  
STREET ADDRESS 5820 FREDERICKSBURG DR  
CITY-ST-ZIP NASHVILLE TN 37215

TITLE AS ☐ DELETE

NAME RABURN, DENISE  
STREET ADDRESS 1101 WHITE BLUFF RD  
CITY-ST-ZIP WHITE BLUFF TN 37187

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE 2/19/99 665-5060

CR2E034 (11/98)