

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90052 033 ***150.00

DOCUMENT # *F98000003765* ✓

1. Corporation Name
JFC Personnel Agency Inc.

Principal Place of Business
1520 Market St.
Camp Hill, PA
17011-4815

Home Address
1520 Market St.
Camp Hill, PA
17011-4815

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/03/1976

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	23-2028453	Ingr Applicable
State, Apt. #, etc.	State, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	☐	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	☐	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Christopher Zampogna
9935 S.W. 41st Road
Gainesville, FL

32508

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of corporation and of registered agent

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '99	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Action
NAME	James F. Carchidi, Jr.	1.2 NAME	
STREET ADDRESS	60 High Ridge Trail	1.3 STREET ADDRESS	
CITY-STATE-ZIP	Mechanicsburg, PA 17055	1.4 CITY-STATE-ZIP	
TITLE	Vice-President ☐ DELETE	2.1 TITLE	☐ Change ☐ Action
NAME	Linda A. Carchidi	2.2 NAME	
STREET ADDRESS	60 High Ridge Trail	2.3 STREET ADDRESS	
CITY-STATE-ZIP	Mechanicsburg, PA 17055	2.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Action
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Action
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Action
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Action
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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.

SIGNATURE: *James F. Carchidi*