PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90227 042 ***150.00

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DOCUMENT # G11491

1. Corporation Name

INITIAL STAFFING SERVICES, INC.

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Principal Place of Business Mailing Address					***********	i iddiisi dhaa sibaa saata dadid ididi saas dibsi dibsi bibsi bibsi bibsi bibsi bibsi bibsi bibsi bibsi bibsi				
9703 RICHMOND AVENUE		POST OFFICE BOX 3506								
SUITE 270	270.42	SUITE 270				DO NOT WRITE IN THIS SPACE				
HOUSTON TX 77042 HOUSTON TZ 77253						3. Date Incorporated or Qualifed				
		•			Ì	12/02/1982				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Appli	ied For	
21		26	•			59-2239528		Not A	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		. 75 Add		
27						The second of care position		ee Requ		
City & Stat	e .	City & State	 1			6. Election Campaign Financing	• -	.00 м		
23	28					Trust Fund Contribution		ided to I	Fees	
Zip	Country	Zip	ry		8. This corporation owes the current year I]No		
24	25	29 3	0			Personal Property Tax. 10. Name and Address of New Registere	Yes	; <u>4).</u>	1140	
<u> </u>	9. Name and Address of Current	Registered Agent		1 Nam		to. Name and Address of New Registere	u Agent			
CT CORPORATION SYSTEM										
1200 S. PINE ISLAND ROAD			8	2 Stree	et Address	s (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324			8	3						
			L	1						
			8	4 City		F.	J 85	Zip Co	de	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above					ed corpora	tion submits this statement for the purpose	of changi	ng its re	gistered	
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									itered	
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed of printed name of registered agent and title If applicable. (NOTE: Registered Agent signature)						nen reinstating) DATE				
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFICERS	AND DIR	ECTOR	S IN 12	
TITLE	PD □ DELETE 1.1		1.1 TITLE	1.1 TITLE			☐ Ch	ange	☐ Addition	
NAME	SADLER, WILLIAM 1.2		1.2 NAMI	1.2 NAME						
STREET ADORESS	ADDRESS 9703 RICHMOND AVE.		1.3 STREET ADDRESS		ss					
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZiP							
TITLE	TS □ DELETE 2.1		2.1 TITLE	2.1 TITLE T/		/AS	∑] Ch	ange	Addition	
NAME	COOK, VINCENT E. 221		2.2 NAMI	2.2 NAME						
STREET ADDRESS	al 1.26 a 2.5 a		2.3 STRE	2.3 STREET ADDRESS		* · · · · · · · · · · · · · · · · · · ·				
CITY-ST-ZIP	HOUSTON TX 2.		2.4 CITY	-ST-ZIP						
TITLE	S DELETE 3		3.1 TITLE	3.1 TITLE			CP	ange	Addition	
NAME	SEAVER, DAVID M.		3.2 NAM	3.2 NAME						
STREET ADDRESS	9703 RICHMOND AVE.		3.3 STRE	3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY	3.4. CITY-ST-ZIP						
TITLE			4.1 TIFLE	4.1 TIFLE			□ Ch	ange	X Addition	
NAME.	OOK, VIIOCHI E					Douglas Parker				
STREET ADDRESS	9703 RICHMOND AVE. 43		4.3 STRE	4.3 STREET ADDRESS		3 Richmond Avenue				
CITY-ST-ZIP	HOUSTON TX 77042		4.4 CITY	ST-ZIP		ston, TX 77042				
TITLE		☐ DELETE	5.1 TITLE		AT	•	□ Ch	ange	X Addition	
NAME			5.2 NAM			k Bilderback			_	
STREET ADDRESS				5.3 STREET ADDRESS 40		7 Industrial Park I)r, F	31 dg	3A	
CITY-ST-ZIP			5.4 CITY			cross, GA 30071				
TITLE		☐ DELETE	6.1 TITLE		AT		□ Ch	ange	X Addition	
NAME	·		6.2 NAMI	E	Deb	ra M. Hubbard				

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

PEQUASSE.DTreasurer

4/6/99 713-361-7375

4067 Industrial Park, Dr, Bldg 3A

Norcross, GA 30071