

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

FILED

May 06 1997 8:00am
Secretary of State

- PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H38468 (5)			
1. Corporation Name THE RENTAL STATION, INC. THE NEXT STOP, INC. N/C 12/4/96			
Principal Place of Business C/O FRANKIE E. CARPENTER 2000 W. VINE ST. KISSIMMEE FL 34741		Mailing Address C/O FRANKIE E. CARPENTER 2000 W. VINE ST. KISSIMMEE FL 34741-3964	
2. Principal Place of Business 21 1775 Harbor Rd Suite, Apt. #, etc. 22 City & State 23 Kissimmee, FL Zip Country 24 34746 25 USA		2a. Mailing Address 26 1775 Harbor Rd Suite, Apt. #, etc. 27 City & State 28 Kissimmee FL Zip Country 29 34746 30 USA	
9. Name and Address of Current Registered Agent CARPENTER, FRANKIE E. 2000 W. VINE STREET KISSIMMEE FL 32741		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1775 Harbor Rd 83 84 City FL 85 Zip Code 34746	
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: Frankie E. Carpenter DATE: 4-17-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME CARPENTER, FRANKIE E. STREET ADDRESS 2000 W. VINE STREET CITY-ST-ZIP KISSIMMEE FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1775 Harbor Rd 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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: Frankie E. Carpenter DATE: 4-17-97 407847-6376 400002179254 -05/15/97--01008--012 ***165.00			

CR2E034 (9/96)

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P13225 (8)

1. Corporation Name

~~PLANT OPERATIONS PERSONNEL, INC.~~
CONTRACT EMPLOYEE SERVICES, INC.

Principal Place of Business

140 NO MAIN STREET
SUMMERVILLE SC 29484-2640
US

Mailing Address

P.O. BOX 2216
SCHENECTADY NY 12301-2216
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/12/1987

3a. Date of Last Report

04/22/1996

4. FEI Number

52-1371068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

☐ DELETE

P
NAME SULLIVAN, JOHN L.
STREET ADDRESS 140 N. MAIN STREET
CITY-ST-ZIP SUMMERVILLE SC

☐ DELETE

SDT
NAME GOLLIHER, RICHARD D.
STREET ADDRESS 140-B W RICHARDSON AVE
CITY-ST-ZIP SUMMERVILLE SC

☒ DELETE

D
NAME SCHOLZ JR., HERBERT J.
STREET ADDRESS 140-B W RICHARDSON AVE
CITY-ST-ZIP SUMMERVILLE SC

☒ DELETE

VAT
NAME ZALUCKI, ROBERT J.
STREET ADDRESS 12 CORPORATE WOODS BLVD 3RD FL
CITY-ST-ZIP ALBANY NY

☐ DELETE

V
NAME HAIREY, RICHARD L.
STREET ADDRESS 140 NORTH MAIN ST
CITY-ST-ZIP SUMMERVILLE SC

☐ DELETE

VAT
NAME BUCHANAN, MARK E
STREET ADDRESS 12 CORPORATE WOODS BLVD
CITY-ST-ZIP ALBANY NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

SEE ATTACHED LIST

1.1 TITLE

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

VD
HARVEY, RICHARD L
140 NORTH MAIN STREET
SUMMERVILLE, SC 29484

500002179255
-05/15/97--01008--013
***165.00

14. I do 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:

Mark E. Buchanan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP & ASST. TREASURER 4/17/97

Date

(518)433-4308

Daytime Phone #

0497130

CR2E034 (9/96)