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

SIGNATURE:

Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H80503 (6) QUALITY TEMPS, INC. Principal Place of Business Mailing Address 1850 LEE RD..STE.112 1850 LEE RO.STE.112 WINTER PARK FL 32789 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/04/1985 2. Principal Place of Business 2a. Mailing Address Applied For 59-2585076 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip  $Z_{1D}$ 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DOUGHERTY, NANCY ANN 1884 DERBYSHIRE RD Street Address (P.O. Box Number is Not Acceptable) **MAITLAND FL 32751** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Florida Statules, 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 607.05.05. Florida Statules. SIGNATURE (NOTE Registered Agent signature regulred when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 Title TITLE DOUGHERTY, NANCY ANN NAME 1.2 NAME 1884 DERBYSHIRE RD STREET ADDRESS 1.3 STREET ADDRESS MAITLAND FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELFTE Addition TITLE 2.1 TITLE DOUGHERTY, WARREN D. 2.2 NAME NAME **1884 DERBYSHIRE RO** 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND FL 2.4 CITY-\$1-ZIP DELETE Addition 3.1 TITLE ☐ Change TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 34. CiTY-ST-ZiP CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELFTE Addition 5.1 TillE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREFT ADDRESS CITY-ST-ZIP 14. Thereby 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 of suppliemental 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 convertion or the receiver or trystice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change I, or on an attachment with an address.

FILED

WARREN D- DOUGHERTY 3-9-98 407-647-8367

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