FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

MAY 1 1995 5:33

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J09049** **(4)**

1. Corporate Name

STAFF SERVICES OF AMERICA, INC.

Principal Place of Business

C/O WILLIAM D. GABLE, JR. 7777 SEMINOLE BLVD
~~9009 SEMINOLE BLVD., STE 2A~~ 2ND FLOOR
SEMINOLE FL 34642

Mailing Address

C/O WILLIAM D. GABLE, JR. P.O. BOX 4006
~~9009 SEMINOLE BLVD., STE 2A~~
SEMINOLE FL 34642 34645-0006

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

3. Date Incorporated or Qualified: **04/14/1986**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2650731** ☐ 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. Does corporation owe any Florida taxes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GABLE, WILLIAM D., JR.
~~9009 SEMINOLE BLVD., STE 2A~~
SEMINOLE FL 34642

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 607.1007 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A-D)	
91	PTS	91	☐ Change ☐ Addition
NAME	GABLE, WILLIAM D., JR.	NAME	
STREET ADDRESS	9009 SEMINOLE BLVD, #2A	STREET ADDRESS	7777 SEMINOLE BLVD.
CITY-ST-ZIP	SEMINOLE FL	CITY-ST-ZIP	2ND FLOOR
92		92	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
93		93	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
94		94	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
95		95	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
96		96	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is true and accurate. For profit corporations only: I further certify that I am familiar with and authorize the annual report or supplemental annual report to be filed pursuant to Chapter 607, Florida Statutes. I further certify 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 above, or on an attachment with an address.

SIGNATURE: WILLIAM D. GABLE, PRES. 4/29/95 813-394-4144

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

0362498 CP