

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

FILED

Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J57959 (5)

1. Corporation Name
SPARTAN PREMIER STAFFING, INC.



Principal Place of Business
1000 N. ASHLEY DR
STE 600
TAMPA FL 33602
US

Mailing Address
PO BOX 18385
TAMPA FL 33679-8385
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1000 No Ashley Dr
Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

3. Date Incorporated or Qualified
02/16/1987

4. FEI Number
59-2767175

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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOOVER, ROBIN C.
801 MIZZENMAST LANE
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
748 CORAL REEF DR
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 the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*
Signature of officer, board member, registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	HOOVER, ROBIN C.	801 MIZZENMAST LANE	TAMPA FL	<input type="checkbox"/>
S	ACCOCCELLA, NICK	8784 ASHWORTH DR	TAMPA FL	<input type="checkbox"/>
D	HAGGERTY, PATRICK	3501 NO CAUSEWAY BLVD, STE 600	METairie LA	<input checked="" type="checkbox"/>
D	SZAMBELAN, PETER	3258 LAKEVIEW BLVD	LAKE OSWEGO OR	<input checked="" type="checkbox"/>
VP	VOKUS, VERNON C	1817 PAINSTON LAKE DR #812	BRANDON FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		748 CORAL REEF DR		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td>	2.4 CITY-ST-ZIP <td>Change</td> <td>Addition</td>	Change	Addition
D	SAWAGGLE, KENNETH	17718 NATHANS DR	TAMPA FL 33647	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS<td>4.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td></td></td>	4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td></td>	4.3 STREET ADDRESS <td>4.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td>	4.4 CITY-ST-ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE <td>5.2 NAME<td>5.3 STREET ADDRESS<td>5.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td></td></td>	5.2 NAME <td>5.3 STREET ADDRESS<td>5.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td></td>	5.3 STREET ADDRESS <td>5.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td>	5.4 CITY-ST-ZIP <td>Change</td> <td>Addition</td>	Change	Addition
VP	MICHAEL MCCORMACK	4149 Saxon Circle	Palm Harbor, FL 34683	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

[Signature]

4/10/98

5/3/2000

CR2E034 (10/97)