

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 14, 1999 8:00 am  
Secretary of State

07-14-1999 90005 050 \*\*\*550.00

DOCUMENT # J57959 ✓

1. Corporation Name

SPARTAN PREMIER STAFFING, INC.

Principal Place of Business

1000 NO. ASHLEY DR  
STE 600  
TAMPA FL 33602  
US

Mailing Address

PO BOX 18385  
TAMPA FL 33679-8385  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1987

4. FEI Number

59-2767175

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. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HOOVER, ROBIN C.  
~~748 CORAL REEF DR~~  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

2909 W. HAWTHORNE RD

83

84 City

FL

85 Zip Code  
33611

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

TITLE ~~DP~~ ☐ DELETE

NAME HOOVER, ROBIN C.

STREET ADDRESS ~~748 CORAL REEF DR~~

CITY-ST-ZIP TAMPA FL

TITLE ~~S~~ ☒ DELETE

NAME ~~ACCOCELLA, NICK~~

STREET ADDRESS ~~6784 ASHWORTH DR~~

CITY-ST-ZIP TAMPA FL

TITLE ~~D~~ ☐ DELETE

NAME SPONAGLE, KENNETH

STREET ADDRESS 17718 NATHANS DR

CITY-ST-ZIP TAMPA FL 33647

TITLE ~~VP~~ ☐ DELETE

NAME MCCORMICK, MICHAEL

STREET ADDRESS 4149 SETON CIRCLE

CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ~~D~~ ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DS

2909 W HAWTHORNE RD

TAMPA, FL

33611

Change ☒ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☒ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☒

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*R.C. Hoover, Secy* 3/24/99 813/301-0202