

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**  
  
1995 MAY -1 PH 1:43  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **367001**  
1. Corporation Name

Sun Coast Staffing of Jacksonville, Inc.

Principal Place of Business Mailing Address  
**6622 Southpointe Dr. S  
Suite #190  
Jacksonville, FL 32216**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **4/6/87** 3a. Date of Last Report  
4. FEI Number **59-2799880** 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 has liability for intangible tax under s. 198.032,  
Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**Michael L. Brooks  
Attorney At Law  
437 East Monroe Street  
Suite 202  
Jacksonville, FL 32202**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE **P, C, S**  
NAME **George D. Entin**  
STREET ADDRESS **5203 Bayshore Blvd. #4**  
CITY, ST, ZIP **Tampa, FL 33611**  
  
TITLE **D**  
NAME **Michael L. Brooks**  
STREET ADDRESS **437 East Monroe St., Suite 202**  
CITY, ST, ZIP **Jacksonville, FL 32202**  
  
TITLE **D**  
NAME **Julian C. Simerly, Jr.**  
STREET ADDRESS **16120 S.W. 76th Ave.**  
CITY, ST, ZIP **South Miami, FL 33157**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE **200001474372**  Change  Addition  
1.2 NAME **-05/03/95--01170--009**  
1.3 STREET ADDRESS **\*\*\*\*200.00 \*\*\*\*200.00**  
1.4 CITY, ST, ZIP  
  
2.1 TITLE **V; D**  Change  Addition  
2.2 NAME **Jane Anne Long**  
2.3 STREET ADDRESS **7930 Bay Pointe Dr. #B-23**  
2.4 CITY, ST, ZIP **Tampa, FL 33615**  
  
3.1 TITLE **D**  Change  Addition  
3.2 NAME **John Baumann, P.A.**  
3.3 STREET ADDRESS **11210 N. Dale Mabry**  
3.4 CITY, ST, ZIP **Tampa, FL 33618**  
  
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 **2A**  
5.3 STREET ADDRESS **5-1**  
5.4 CITY, ST, ZIP  
  
6.1 TITLE **D**  Change  Addition  
6.2 NAME **Kristen Bush**  
6.3 STREET ADDRESS **3537 Simca Dr. W.**  
6.4 CITY, ST, ZIP **Jacksonville, FL 32211**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 or Block 14, or on an attachment with an address.

SIGNATURE: **George D. Entin, President** 4/17/95 (813) 875-3511  
Date (System Name)