

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J67001 (4)**
1. Corporation Name
SUN COAST STAFFING OF JACKSONVILLE, INC.



Principal Place of Business: **6622 SOUTHPOINTE DR. S. STE. #190 JACKSONVILLE FL 32216**
Mailing Address: **6622 SOUTHPOINTE DR. S. STE. #190 JACKSONVILLE FL 32216**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **04/06/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2799880**
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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BROOKS, MICHAEL L.
437 E MONROE ST
SUITE 202
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent (81-84)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 consulting)

12. OFFICERS AND DIRECTORS

TITLE	PCS	<input type="checkbox"/> DELETE
NAME	ENTIN, GEORGE D.	
STREET ADDRESS	5203 BAYSHORE BLVD. #4	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LONG, JANE A	
STREET ADDRESS	7930 BAY POINTE DR. #B-23	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAUMANN, JOHN PA	
STREET ADDRESS	11210 N. DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROOKS, MICHAEL L	
STREET ADDRESS	437 EAST MONROE ST STE. #202	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMERLY, JULIAN C JR.	
STREET ADDRESS	16120 S.W. 78TH AVE.	
CITY-ST-ZIP	SOUTH MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSH, KRISTEN	
STREET ADDRESS	3537 SIMCA DR. W.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	C to D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	Davidson, Kristin	
19. STREET ADDRESS	10023 Belle River Blvd #1307	
20. CITY-ST-ZIP	Jacksonville, FL 32256	

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 119.07(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, 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 removed in agreement with an address.

SIGNATURE: **G. D. ENTIN** (4/23/96) (813) 875-7511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)