

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **J77920** (3)
1. Corporation Name
STAT TEMPS, INC.

Principal Place of Business: **3639 CORTEZ RD. SUITE 27 BRADENTON FL 34210 US**
Mailing Address: **P.O. BOX 24231 TAMPA FL 33623-4231 US**

3. Date Incorporated or Qualified: **06/16/1987**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2815656**
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. **P.O. Box 24231**
22. **Tampa**
23. **Florida**
24. **33623** 25. **USA**

9. Name and Address of Current Registered Agent
**FINN, DIANNE M.
1770 HANNA RD.
LUTZ FL 33549**

10. Name and Address of New Registered Agent
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 607.0402 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 607.0402, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	FINN, DIANNE
STREET ADDRESS	17700 HANNA RD.
CITY, ST, ZIP	LUTZ FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	
16. STREET ADDRESS	
17. CITY, ST, ZIP	
18. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	
20. STREET ADDRESS	
21. CITY, ST, ZIP	
22. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME	
24. STREET ADDRESS	
25. CITY, ST, ZIP	
26. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME	
28. STREET ADDRESS	
29. CITY, ST, ZIP	

14. I 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 included 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: **DIANNE M. FINN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95
DATE

287-0496
TELEPHONE NUMBER