

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 6:09

DOCUMENT # **K41321** (6)

1. Corporation Name

COMPUTER PLUS STAFFING SOLUTIONS, INC.

Principal Place of Business

12225 28TH ST. N.
ST. PETERSBURG FL 33716

Mailing Address

12225 28TH ST. N.
ST. PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1988

3a. Date of Last Report

04/21/1994

4. FEI Number

59-2924592

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. 11300 4th St. North

2a. Mailing Address

26. 11300 4th St. North

Suite, Apt. #, etc

Suite, Apt. #, etc

22. Suite 115
City & State

27. Suite 115
City & State

23. St. Petersburg, FL

28. St. Petersburg, FL

Zip

Country

Zip

Country

24. 33716

25. Pinellas

29. 33716

30. Pinellas

9. Name and Address of Current Registered Agent

HADLOW, RICHARD B.
220 S. FRANKLIN ST.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81. Name

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

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

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SHAURETTE, THOMAS G.
STREET ADDRESS 12225 28 ST N.
CITY, ST, ZIP ST PETERSBURG FL

TITLE DST
NAME CALPIN, THOMAS C.
STREET ADDRESS 12225 28 ST N.
CITY, ST, ZIP ST PETERSBURG FL

TITLE D
NAME RADZIOW, PAUL
STREET ADDRESS 12225 28 ST N.
CITY, ST, ZIP ST PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D ☒ Change ☐ Addition
12 NAME Shaurette, Thomas G.
13 STREET ADDRESS 11300 4th St. N. Suite 115
14 CITY, ST, ZIP St. Petersburg, FL 33716

21 TITLE DST ☒ Change ☐ Addition
22 NAME Calpin, Thomas P.
23 STREET ADDRESS 11300 4th St. N. Suite 115
24 CITY, ST, ZIP St. Petersburg, FL 33716

31 TITLE D ☒ Change ☐ Addition
32 NAME Radziow, Paul
33 STREET ADDRESS 11300 4th St. N. Suite 115
34 CITY, ST, ZIP St. Petersburg, FL 33716

41 TITLE P ☐ Change ☒ Addition
42 NAME John L. Curry, Jr.
43 STREET ADDRESS 11300 4th St. N. Suite 115
44 CITY, ST, ZIP St. Petersburg, FL 33716

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 Sections 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 or the recorder of trustees empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John L. Curry, Jr. *John L. Curry*
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR

813-578-1121
Toll-free 1-800-352-7777