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

APPROVED AND FILED

95 APR 25 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **L19044** **(1)**

1. Corporation Name
ALTERNATIVE STAFFING, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~1901 GULF LIFE TOWER~~ ~~JACKSONVILLE FL 32207~~	~~1901 GULF LIFE TOWER~~ ~~JACKSONVILLE FL 32207~~

3. Date Incorporated or Qualified: **09/26/1989**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business	2a. Mailing Address
21 1301 Riverplace Blvd	26 1301 Riverplace Blvd
Suite, Apt. #, etc. 22 Suite 1901	Suite, Apt. #, etc. 27 Suite 1901
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32207 Country 25 U.S.	Zip 29 32207 Country 30 U.S.

4. FEI Number: **59-2975080** ☐ 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

9. Name and Address of Current Registered Agent

~~LANDAU, FRANCINE CLAIR, ESQ.~~
~~500-501 LAW EXCHANGE BLDG~~
~~24 NORTH MARKET STREET~~
~~JACKSONVILLE FL 32202~~

10. Name and Address of New Registered Agent

81 Name: Landau, Francine Clair, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd
83 Suite 1950
84 City: Jacksonville FL 85 Zip Code: 32207

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	STEVENSON, RALPH	12 NAME	
STREET ADDRESS	103 OAKWOOD RD.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	C	21 TITLE	☐ Change ☐ Addition
NAME	KING, JR., JAMES E.	22 NAME	
STREET ADDRESS	13724 PLEASANT VALLEY DR	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	WHIPPLE, PAULA E.	32 NAME	
STREET ADDRESS	6333 CUSTER ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	4-25-95 t.g.

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)(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.

SIGNATURE: Paula E Whipple Paula Whipple 4/6/95 398544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406300 FP