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 MAY -1 PM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L25364 (5)

1. Corporation Name
PROFESSIONAL TRAVEL TEMPORARIES AND PLACEMENT SERVICE, INC.

Principal Place of Business	Mailing Address
9700 KOGER BLVD. STE. 102 ST. PETERSBURG FL 33572 US	P. O. BOX 983 INDIAN ROCKS BEACH FL 34635 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/24/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2970594 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

JENNINGS, WILLIAM L.
1822 DREW ST., STE. 8
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name: Papich, Deborah
82 Street Address (P.O. Box Number is Not Acceptable): 1380 Gulf Blvd. #208
83
84 City: Clearwater FL 85 Zip Code: 33630

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: [signature] Deborah Papich 1-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	DIRECTOR, PRESIDENT, SECRETARY	☒ Change ☐ Addition
NAME	PAPICH, DEBORAH ANN	1.2 NAME	PAPICH, DEBORAH ANN	
STREET ADDRESS	1 WINDRUSH BLVD #64	1.3 STREET ADDRESS	1380 Gulf Blvd #208	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	1.4 CITY-ST-ZIP	CLEARWATER FL 33630	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(k), 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: [signature] Deborah Papich 1-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date

(Signature Please)

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