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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	L2884
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STAFFING SERVICES.	INC
Amstaff Human	Resources, Inc. III

Amstaff Human Resources, Inc. III											
Principal Place of	of Business	Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			* * . *		
6723 PLANTATION RD. 		PO BOX 15698	PO BOX 15698 - \$708-Planitation road Pensacola FL 32514 US								
		=						71 . 5			
						3. Date Incorporated or Qualified 3a 11/13/1989			a. Date of Last Report 01/26/1995		
		Do Maline Address			4. FEI Nu	<u> </u>		· , /,	oplied For		
	2. Principal Place of Business 2a. Mailing Address			59-2977709				Not Applicab			
Suite Ant #	26			\$				B.75 Additional			
2	27				5. Certino	5. Certificate of Status Desired Fee Required					
City & State		City & State				6. Election Campaign Financing \$5.00 May Be					
3		28				Trust Fund Contribution Added to Fees					
Zip	Country	<u>⊢</u> ¬ '	Zip Country		I	 This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No 					
4)	25 9. Name and Address of Curi	29 29 Apont	30			and Address of New		gent			
	9. Name and Address of Con-	ent negistorea Agent		81 Name							
LANDDI	JM, H. BRITT, JR.			00 01	4 1 1 (B.O. Box	Number is Not Accepta	ablo)				
	ANTATION RD			82 Street	Address (F.O. box	Mamber is Not Accepte	30(6)				
	OLA FL 32514			83							
LITOTIC	PENOXUOLA PL 32314			84 City		 85 Z					
	o the provisions of Sections 607.09						FL				
	Signature, typed or printed hanno of registered a	gent and the Mappinskille (N AND DIRECTORS	iOTE Registers. ■ 13.	Agent signature	required when reinstating)	IONS/CHANGES TO OF	DATE FFICERS AND I	DIRECTO	RS IN 12		
12.	PD	DELETE	1.13	ITLE		IONS/OF/MAGES TO CI		Change	Addition		
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NAME			. E	iame – Streft address	1	***400.00		-			
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14 Ldo bereb	v certify that the information suppl	ed with this filing is voluntarily fu	urnished and	does not a	ualify for the exemp	ition stated in Section 1	19.07(3)(k), Flor	rida Statu	tes. I further		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 477-702Z