

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 19 1997 8:00am
Secretary of State

DOCUMENT # L28842

(7)

1. Corporation Name

AMSTAFF HUMAN RESOURCES, INC. III

Principal Place of Business

6723 PLANTATION RD.
PENSACOLA FL 32504
US

Mailing Address

PO BOX 15698
6708 PLANTATION ROAD
PENSACOLA FL 32514-0698
US



2. Principal Place of Business

21 City, State & Zip

22 City & State

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/13/1989

3a. Date of Last Report

04/09/1996

4. FEI Number

59-2977709

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANDRUM, H. BRITT, JR.
6723 PLANTATION RD
PENSACOLA FL 32514

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. I, the undersigned, president of the above corporation, certify that the above-named corporation submits this statement for the purpose of changing its registered office to the address set forth in the above statement, and that such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and bind myself to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

11 PD
LANDRUM, H BRITT, JR.
6723 PLANTATION RD.
PENSACOLA FL 32504

☐ DELETE

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☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and correct 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 on Block 12 or Block 13 if changed, or on a attachment with an address.

SIGNATURE:
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97 904-499-7022

CR2E034 (9/96)