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 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L39171 (8)

1. Corporation Name
TEAMSTAFF INSURANCE SERVICES, INC.

Principal Place of Business
C/O KIRK A. SCOGGINS
1211 N. WESTSHORE BLVD., STE. 800
TAMPA FL 33607
US

Mailing Address
C/O KIRK A. SCOGGINS
1211 N. WESTSHORE BLVD., STE. 800
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1989
3a. Date of Last Report: 08/02/1994
4. FEI Number: 59-2988436 — Applied For / Not Applicable

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

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

SCOGGINS, KIRK A.
1901 BROOKLINE
TAMPA FL 33609

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	CP ☐ Change ☒ Addition
NAME	SCOGGINS, KIRK A.	1.2 NAME	
STREET ADDRESS	1901 BROOKLINE	1.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	1.4 CITY, ST, ZIP	33629
TITLE	V	2.1 TITLE	SD ☐ Change ☒ Addition
NAME	MILLS, STEVEN C.	2.2 NAME	
STREET ADDRESS	2830 FOUNTAIN BLVD	2.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	2.4 CITY, ST, ZIP	33609
TITLE	V	3.1 TITLE	☒ Change ☐ Addition
NAME	~~STOCKFISCH, PHYLLIS C.~~	3.2 NAME	Resigned
STREET ADDRESS	~~559 PARK STREET~~	3.3 STREET ADDRESS	
CITY, ST, ZIP	~~ST. PETERSBURG FL~~	3.4 CITY, ST, ZIP	
TITLE	T	4.1 TITLE	DV ☒ Change ☒ Addition
NAME	KOCH, TERRY M	4.2 NAME	
STREET ADDRESS	4307 GAINSBOROUGH CT	4.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	4.4 CITY, ST, ZIP	33624
TITLE	V	5.1 TITLE	☒ Change ☒ Addition
NAME	RYAN, LINDA	5.2 NAME	Shoemaker, Linda
STREET ADDRESS	1403 12TH SO. DR., WEST	5.3 STREET ADDRESS	
CITY, ST, ZIP	PALMETTO FL 34221	5.4 CITY, ST, ZIP	34221
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)(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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 813-289-1981

0292742 CP