FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L39171** **(8)**

1. Corporation Name

TEAMSTAFF INSURANCE SERVICES, INC.

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

3. Date Incorporated or Qualified: **12/29/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2988436** ☐ 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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE	DCP	☒ 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		
TITLE	SD	☐ DELETE	2.1 TITLE	VSD	☒ Change ☐ Addition
NAME	MILLS, STEVEN C.		2.2 NAME		
STREET ADDRESS	2630 FOUNTAIN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KOCH, TERRY M		3.2 NAME		
STREET ADDRESS	4307 GAINSBOROUGH CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	SHOEMAKER, LINDA		4.2 NAME	RYAN, LINDA	
STREET ADDRESS	1403 12TH SO. DR., WEST		4.3 STREET ADDRESS	204 3RD STREET WEST, #408	
CITY-ST-ZIP	PALMETTO FL		4.4 CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE		☐ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME			5.2 NAME	TROY FOWLER	
STREET ADDRESS			5.3 STREET ADDRESS	3218 PALMIRA ST.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TAMPA, FL	
TITLE		☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME			6.2 NAME	ROB BYERS	
STREET ADDRESS			6.3 STREET ADDRESS	107 S. WOODLYNNE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	TAMPA, FL 33609	

CR2E034 (12/95)

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 added on an attached sheet.

SIGNATURE: _____ 6/7/96 (813)289-1981
(TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #
KIRK A. SCOGGINS