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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 33607-4619 US

3. Date Incorporated or Qualified: **12/29/1989**
3a. Date of Last Report: **06/11/1996**

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

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 XX Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCOGGINS, KIRK A. 1901 BROOKLINE TAMPA FL 33609	81 Name: SCOGGINS, KIRK A. 82 Street Address (P.O. Box Number is Not Acceptable): 1211 N. WESTSHORE BLVD. 83: SUITE 800 84 City: TAMPA FL 85 Zip Code: 33607

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP ☐ DELETE	11 TITLE	TV ☐ Change ☐ Addition XX
NAME	SCOGGINS, KIRK A.	12 NAME	KOCH, TERRY M.
STREET ADDRESS	1901 BROOKLINE	13 STREET ADDRESS	4307 GAINSBOROUGH CT.
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	VSD ☐ DELETE	21 TITLE	VSD ☐ Change ☐ Addition XX
NAME	MILLS, STEVEN C.	22 NAME	MILLS, STEVEN C.
STREET ADDRESS	2830 FOUNTAIN BLVD	23 STREET ADDRESS	1000 HORATIO AVENUE, SUITE 110
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA, FLORIDA 33609
TITLE	V ☐ DELETE	31 TITLE	V ☐ Change ☐ Addition X
NAME	TROY FOWLER	32 NAME	FOWLER, N. TROY
STREET ADDRESS	3218 PALMIRA ST.	33 STREET ADDRESS	1902 WYKAGYL
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAMPA, FLORIDA 33629
TITLE	V ☐ DELETE	41 TITLE	V ☐ Change ☐ Addition XX
NAME	SHOEMAKER, LINDA	42 NAME	RYAN, LINDA S.
STREET ADDRESS	204 3RD ST. W., #408	43 STREET ADDRESS	204 3RD ST. W., #408
CITY-ST-ZIP	BRADENTON FL	44 CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	V ☐ DELETE	51 TITLE	V ☐ Change ☐ Addition X
NAME	ROB BYERS	52 NAME	BYERS, ROBERT R.
STREET ADDRESS	107 S. WOODLYNNE	53 STREET ADDRESS	107 S. WOODLYNNE
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	TAMPA, FLORIDA 33609
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby 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 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: _____ 3-11-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #