

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

FILED  
Mar 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/29/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2988436	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOGGINS, KIRK A.  
1211 N. WESTSHORE BLVD.  
STE. 800  
TAMPA FL 33607

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, STEVEN C.	2.2 NAME	Mills, Steven C.
STREET ADDRESS	1000 HORATION AVE., STE. 110	2.3 STREET ADDRESS	1000 Horatio Ave., Ste 110
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, Florida
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROY FOWLER	3.2 NAME	
STREET ADDRESS	1902 WYKAGYL	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOEMAKER, LINDA	4.2 NAME	LaVigne, Eaton
STREET ADDRESS	204 3RD ST. W., #408	4.3 STREET ADDRESS	504 Running Horse
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	Seffner, Florida 33584
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROB BYERS	5.2 NAME	
STREET ADDRESS	107 S. WOODLYNNE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	TV	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, TERRY M	6.2 NAME	Koch, Terry M
STREET ADDRESS	4307 GAINSBOROUGH CT.	6.3 STREET ADDRESS	13736 Chestersall Dr.
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Tampa, Florida 33524

14. I 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:

TERRY M KOCH

2/8/98

813 289 1981

CR2E034 (10/97)