

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L39171**

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

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **TEAMSTAFF INC.**

22 City & State

27 **300 ATRIUM DR.**

23 Zip

Country

28 Zip

Country

24

25

29

08873

30

US

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** ☐ DELETE
NAME **SCOGGINS, KIRK A.**
STREET ADDRESS **1901 BROOKLINE**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **P**
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **VSD** ☒ DELETE
NAME **MILLS, STEVEN C.**
STREET ADDRESS **1000 HORATIO AVE #110**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE **V** ☒ DELETE
NAME **TROY FOWLER**
STREET ADDRESS **1902 WYKAGYL**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE **V** ☒ DELETE
NAME **LAVIGNE, EATON**
STREET ADDRESS **504 RUNNING HORSE**
CITY-ST-ZIP **SEFFNER FL 33584**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V** ☒ DELETE
NAME **ROB BYERS**
STREET ADDRESS **107 S. WOODLYNNE**
CITY-ST-ZIP **TAMPA FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TV** ☒ DELETE
NAME **KOCH, TERRY M**
STREET ADDRESS **13736 CHESTERSALL DR**
CITY-ST-ZIP **TAMPA FL 33524**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90024 046 ***550.00

598585 - 90024 - 46



CR2E034 (5/99)