FILED

Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90019 039 ***550.00

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name

EMPLOYER SUPPORT SERVICES, INC.

			_/		
Principal Place of Business Mailing Address					
C/O KIRK A. SCOGGINS		C/O KIRK A. SCOGGINS 1211 N. WESTSHORE BLVD STE. 800 TAMPA FL 33607			
TAMPA FL 33607				DO NOT WRITE IN THIS SPACE	
		US			3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26 Teamstaff INC.		59-2988443	Not Applicable
		Suite, Apt. #, etc.	`	5. Certificate of Status Desired	\$8.75 Additional
		27 500 ATTIUM			Fee Required
City & State		City & State Somerse T. NJ		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
[23] Zip	Country	Zip Co	ountry	8. This corporation owes the curren	
24	25	29 ()8873 30	US S	Intangible Personal Property.	Yes No
2-7;	9. Name and Address of Current	C 0 -	Ī	10. Name and Address of New Re	gistered Agent
81					
SCOGGINS, KIRK A. 1211 N WESTSHORE BLVD STE 800 TAMPA FL 33607			82 Street Address (P.O. Box Number is Not Acceptable)		
			84 City		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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.				ADDITIONS/CHANGES TO OFFI	(
TITLE	PCD		TITLE T	D	Change Addition
NAME	SCOGGINS, KIRK A.		NAME	ı	
STREET ADDRESS	1901 BROOKLINE	1.3	STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4	CITY-ST-ZIP		
TITLE	DVS	DELETE 2.1	TITLE	ITS	Change Addition
NAME	MILLS, STEVEN C.		NAME	DONALD T. Kelly 300 ATTEM Dr.	· ·
STREET ADDRESS	1000 HORATIO AVE, STE 110	2.3	STREET ADDRESS	300 ATTRUM DE.	n
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	Somerset, NJ D'	8873
TITLE	V	LALDELE IL		C DONALD W. KAPP.	A. F Change Addition
NAME	TROY FOWLER	-	NAME -	DONALD W. MAPPI	HUT
STREET ADDRESS	1902 WYKAGYL		STREET ADDRESS	300 ATRIUM BA	08873
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	Somersel, Wis	
TITLE	V	(ACCELLE	TITLE		Change L Addition
NAME	LAVIGNE, EATON	La Caraciana de Car	NAME		ţ
STREET ADDRESS	504 RUNNING HORSE		STREET ADDRESS		}
CITY-ST-ZIP	SEFFNER FL 33584		CITY-ST-ZIP TITLE		
TITLE	V OVEDO DODERT D	LACOLLETE	1		Change Addition
NAME	BYERS, ROBERT R		NAME		1
STREET ADDRESS	107 S WOODLYNNE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		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)(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, from an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

KOCH, TERRY M

TAMPA FL 33624

13736 CHESTERSALL DR

Date

Daytime Phone #