FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 ...
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L39173 (4)

1. Corporation Name
TEAMSTAFF U.S.A., 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1989
3a. Date of Last Report: 08/02/1994

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

4. FEI Number: 59-2988440 ☐ 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 ST.
TAMPA FL 33629

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1 TITLE	☐ Change ☒ Addition
NAME	SCOGGINS, KIRK A.	NAME	
STREET ADDRESS	1901 BROOKLINE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	33629
TITLE	VDS	2 TITLE	☐ Change ☒ Addition
NAME	MILLS, STEVEN C.	NAME	
STREET ADDRESS	2830 FOUNTAIN BLVD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	33609
TITLE	~~DV~~	3 TITLE	☒ Change ☐ Addition
NAME	~~PHYLLIS STOCKFISCH~~	NAME	Resigned
STREET ADDRESS	~~559 PARK ST~~	STREET ADDRESS	
CITY-ST-ZIP	~~ST PETE FL~~	CITY-ST-ZIP	
TITLE	T)	4 TITLE	D ☐ Change ☒ Addition
NAME	KOCH, TERRY M	NAME	
STREET ADDRESS	4307 GAINSBOROUGH CT	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	33624
TITLE	V	5 TITLE	☒ Change ☒ Addition
NAME	RYAN, LINDA	NAME	shoemaker, Linda
STREET ADDRESS	1403 12TH SO. DR., WEST	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	CITY-ST-ZIP	34221
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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(1)(i), Florida Statutes. I further certify that the information indicated on the 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 the 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 Date 813-289-1981 Daytime Phone

0292618 CP