

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 11 1996 8:00 am
Secretary of State

DOCUMENT # L39173

(4)

1. Corporation Name

TEAMSTAFF U.S.A., 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

3. Date Incorporated or Qualified

12/29/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

SCOGGINS, KIRK A.
1901 BROOKLINE ST.
TAMPA FL 33629

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, if not applicable,

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD ☐ DELETE

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

TITLE VDS ☐ DELETE

NAME MILLS, STEVEN C.
STREET ADDRESS 2830 FOUNTAIN BLVD
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE

NAME KOCH, TERRY M
STREET ADDRESS 4307 GAINSBOROUGH CT
CITY-ST-ZIP TAMPA FL

TITLE V ☐ DELETE

NAME SHOEMAKER, LINDA
STREET ADDRESS 1403 12TH SO. DR., WEST
CITY-ST-ZIP PALMETTO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE ☐ Change ☒ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE ☐ Change ☒ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

V ☒ Change ☐ Addition

RYAN, LINDA
204 3RD ST. W., #408
BRADENTON, FL

V ☐ Change ☒ Addition

TROY FOWLER
3218 PALMIRA ST.
TAMPA, FL

V ☐ Change ☒ Addition

ROB EYERS
107 S. WOODLYNNE
TAMPA, FL

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(3)(k), 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 and 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 in the report.

SIGNATURE:

KIRK A. SCOGGINS

6/7/96

(813)289-1781

CR2E034 (12/95)