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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

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 33607-4619 US

3. Date Incorporated or Qualified: **12/29/1989**
3a. Date of Last Report: **06/11/1996**

2. Principal Place of Business
21 | Suite, Apt. #, etc: 22 | City & State: 23 | Zip: 24 | Country: 25

2a. Mailing Address
26 | Suite, Apt. #, etc: 27 | City & State: 28 | 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: SCOGGINS, KIRK A.
82 Street Address (P.O. Box Number is Not Acceptable): 1211 N. WESTSHORE BLVD.,
83: SUITE 800
84 City: TAMPA **FL** 85 Zip Code: 33607

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	☐ DELETE	1.1 TITLE	TV	☐ Change ☒ Addition
NAME	SCOGGINS, KIRK A.		1.2 NAME	KOCH TERRY M.	
STREET ADDRESS	1901 BROOKLINE		1.3 STREET ADDRESS	4307 GAINSBOROUGH CT.	
CITY-ST-ZIP	TAMPA FL 33629		1.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	VDS	☐ DELETE	2.1 TITLE	VDS	☒ Change ☐ Addition
NAME	MILLS, STEVEN C.		2.2 NAME	MILLS, STEVEN C.	
STREET ADDRESS	2830 FOUNTAIN BLVD		2.3 STREET ADDRESS	1000 HORATIO AVENUE, SUITE 110	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA, FLORIDA 33609	
TITLE	V	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	TROY FOWLER		3.2 NAME	FOWLER, N. TROY	
STREET ADDRESS	3218 PALMIRA ST.		3.3 STREET ADDRESS	1902 WYKAGYL	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FLORIDA 33629	
TITLE	V	☐ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	RYAN, LINDA		4.2 NAME	RYAN, LINDA S.	
STREET ADDRESS	204 3RD ST. W., #408		4.3 STREET ADDRESS	204 3rd ST. W. #408	
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP	BRADENTON, FLORIDA 34205	
TITLE	V	☐ DELETE	5.1 TITLE	V	☒ Change ☐ Addition
NAME	BYERS, ROB		5.2 NAME	BYERS, ROBERT R.	
STREET ADDRESS	107 S. WOODLYNNE		5.3 STREET ADDRESS	107 S. WOODLYNNE	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	TAMPA, FLORIDA 33609	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: _____ 3-11-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #