

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

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

07-29-1999 90019 006 ***550.00

DOCUMENT # **L39173**

1. Corporation Name

TEAMSTAFF IX, 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

59-2988440

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SCOGGINS, KIRK A.
1211 N. WESTSHORE BLVD.
STE. 800
TAMPA FL 33607

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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 1000 HORATIO AVE., STE. 110
CITY-ST-ZIP TAMPA FL

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

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

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

TITLE TV ☒ DELETE
NAME KOCH, TERRY M
STREET ADDRESS 13736 CHESTERSALL DR
CITY-ST-ZIP TAMPA FL 33624

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VTS
2.3 STREET ADDRESS DONALD T. Kelly
2.4 CITY-ST-ZIP 300 ATRIUM DR.
SOMERSET, NJ 08873

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME C
3.3 STREET ADDRESS DONALD W. KAPPAUF
3.4 CITY-ST-ZIP 300 ATRIUM DR.
SOMERSET, NJ 08873

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

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

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

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)