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 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L39176 (7)

1. Corporation Name
THE TEAMSTAFF COMPANIES, INC.

Principal Place of Business
1211 N. WESTSHORE BLVD.
8TH FLOOR
TAMPA FL 33607

Mailing Address
1211 N. WESTSHORE BLVD.
8TH FLOOR
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	12/29/1989
3a. Date of Last Report	08/17/1994
4. FEI Number	59-2988438 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SCOGGINS, KIRK A.
1901 BROOKLINE
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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1 TITLE	☐ Change ☐ Addition
NAME	SCOGGINS, KIRK A.	1 NAME	
STREET ADDRESS	1901 BROOKLINE	1 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33629	1 CITY ST ZIP	
TITLE	DV	2 TITLE	☒ Change ☐ Addition
NAME	STOCKFISCH, PHYLLIS	2 NAME	Resigned
STREET ADDRESS	559 PARK ST	2 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL 33707	2 CITY ST ZIP	
TITLE	V	3 TITLE	SD ☐ Change ☒ Addition
NAME	MILLS, STEVEN C.	3 NAME	
STREET ADDRESS	2830 FOUNTAIN BLVD	3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33609	3 CITY ST ZIP	
TITLE	T	4 TITLE	VD ☐ Change ☒ Addition
NAME	KOCH, TERRY M	4 NAME	
STREET ADDRESS	4307 GAINSBOROUGH CT	4 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33624	4 CITY ST ZIP	
TITLE	V	5 TITLE	☒ Change ☐ Addition
NAME	RYAN, LINDA	5 NAME	shoemaker,
STREET ADDRESS	1403 12TH SO. DR. WEST	5 STREET ADDRESS	
CITY ST ZIP	PALMETTO FL 34221	5 CITY ST ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY ST ZIP		6 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(3)(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 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] 4/28/95 813-289-1881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0282761 CF

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

DOCUMENT # **L39742** **(6)**

1. Corporation Name

DIVERSIFIED TRAVEL PLANNERS, INC.

Principal Place of Business	Mailing Address
6300 PARC CORNICHE DRIVE ORLANDO FL 32821	6300 PARC CORNICHE DRIVE ORLANDO FL 32821

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 01/02/1990	3a. Date of Last Report: 09/02/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-2981358	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	PD	1-1 TITLE	☐ Change ☐ Addition
NAME	DEMKO, JOSEPH	1-2 NAME	
STREET ADDRESS	6300 PARC CORNICHE DR.	1-3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1-4 CITY-ST-ZIP	
TITLE	VSD	2-1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, JOHN, MICHAEL	2-2 NAME	
STREET ADDRESS	706 LYNNFELLS PARKWAY	2-3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE MA	2-4 CITY-ST-ZIP	
TITLE		3-1 TITLE	☐ Change ☐ Addition
NAME		3-2 NAME	
STREET ADDRESS		3-3 STREET ADDRESS	
CITY-ST-ZIP		3-4 CITY-ST-ZIP	
TITLE		4-1 TITLE	☐ Change ☐ Addition
NAME		4-2 NAME	
STREET ADDRESS		4-3 STREET ADDRESS	
CITY-ST-ZIP		4-4 CITY-ST-ZIP	
TITLE		5-1 TITLE	☐ Change ☐ Addition
NAME		5-2 NAME	
STREET ADDRESS		5-3 STREET ADDRESS	
CITY-ST-ZIP		5-4 CITY-ST-ZIP	
TITLE		6-1 TITLE	☐ Change ☐ Addition
NAME		6-2 NAME	
STREET ADDRESS		6-3 STREET ADDRESS	
CITY-ST-ZIP		6-4 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(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: Joseph Demko Joseph Demko 04/28/95 (407)238-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084444 CP