

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/29/1989	
				4. FEI Number 59-2988438	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	


g. 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	
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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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOGGINS, KIRK A.	1.2 NAME	
STREET ADDRESS	1901 BROOKLINE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, STEVEN C.	2.2 NAME	
STREET ADDRESS	1000 HORATIO AVE, STE 110	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROY FOWLER	3.2 NAME	
STREET ADDRESS	1902 WYKACI	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, LINDA	4.2 NAME	LaVigne, Eaton
STREET ADDRESS	204 3RD ST., W #408	4.3 STREET ADDRESS	504 Running Horse
CITY-ST-ZIP	BRADENTON FL 34205	4.4 CITY-ST-ZIP	Seffner, Florida 33584
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERS, ROBERT R.	5.2 NAME	
STREET ADDRESS	107 S. WOODLYNNE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	TV	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, TERRY M.	6.2 NAME	Koch, Terry M
STREET ADDRESS	4307 GAINSBOROUGH CT	6.3 STREET ADDRESS	13736 Chestersall Dr.
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Tampa, Florida 33624

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:  TERRY M KOCH 2/18/98 813-289-1981

CR2E034 (10/97)