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

DOCUMENT # **M22293** **(8)**

1. Corporate Name

STAFFING CONCEPTS INTERNATIONAL, INC.

Principal Place of Business
~~1715 N. WESTSHORE BLVD~~
~~SUITE 750~~
~~TAMPA FL 33607~~

Mailing Address
~~1715 N. WESTSHORE BLVD~~
~~SUITE 750~~
~~TAMPA FL 33607~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1985
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business
21 4350 W. Cypress
Suite, Apt. #, etc.
22 Suite 900
City & State
23 Tampa, Florida
Zip 24 33607 Country 25 USA

2a. Mailing Address
26 4350 W. Cypress
Suite, Apt. #, etc.
27 Suite 900
City & State
28 Tampa, Florida
Zip 29 33607 Country 30 USA

4. FEI Number: 59-2612073 — 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 ability to allocate tax under S. 199.032 Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRECO, FRANK J
1715 N. WESTSHORE BLVD.
SUITE 750
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 Section 607.0505, and 607.0506, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARDIN, HENRY C.
STREET ADDRESS	4350 W. CYPRESS, STE 900
CITY, ST, ZIP	TAMPA FL
TITLE	~~OD~~
NAME	~~BATTISTA, MADDY~~
STREET ADDRESS	~~4350 W. CYPRESS, STE 900~~
CITY, ST, ZIP	~~TAMPA FL~~
TITLE	~~D~~
NAME	~~HARDIN, JOHN W.~~
STREET ADDRESS	~~4350 W. CYPRESS, STE 900~~
CITY, ST, ZIP	~~TAMPA FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1-6)

TITLE	☐ Change ☒ Addition
NAME	S/T
STREET ADDRESS	Henry C. Hardin
CITY, ST, ZIP	4350 W. Cypress, Suite 900
	Tampa, Florida 33607
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 report or supplemental business report is true and complete 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 owner or a director or officer of the limited liability company required to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 above or an attached sheet with my address.

SIGNATURE: X Henry C. Hardin III 3/24/95 813-878-0293

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

0442741 FP