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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

STREET ACCRESS

CITY-ST-Z.P

C:TY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M96884

(5)

WAL-STAF TEMPORARY SERVICES, INC.

FILED
Jan 14 1997 8:00am
Secretary of State

Change

___ Addition

Change Addition

<u></u>	. <u>-</u>						
Principal Place of Business		Mailing Address			ATOTT BIRTH ATOTT OF OTT OF SIR BIRTH (OB)		
% ROBERT WALTHER % ROBERT WALTHER 4140 N.W. 27TH LANE 4140 N.W. 27TH LANE GAINESVILLE FL 32806 GAINESVILLE FL 32806-6617			17				
					3. Date Incorporated or Qualified	3a. Date of Last Report	
					09/01/1988	01/25/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		26		59-2906682	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional		
22		27			Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zìp	Country	Zip		+	8. This corporation has liability for intangible tax under s. 199.032.		
24	25		30			Yes No	
9. Name and Address of Current Registered Agent 81 Name					10. Name and Address of New Reg	distered Agent	
	THER, ROBERT		0,1	Name			
				Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
GAINESVILLE FL 32606			<u></u>				
			83				
			84	City		FL 85 Zip Gode	
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.							
agent. I år SIGNATURE	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	orida Statute	S.			
	Signature, lyped or printed name of registered agen		E Ragiciered Ag	ent signature require		ÇATÉ	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	☐ DELETE	श्वाध			☐ Change ☐ Addition	
NAME	77.4.11.11.11.11.11.11.11.11.11.11.11.11.1		1.2 NAME				
STREET ADORESS			1.3 STREE	r ADDRESS			
CITY-ST-ZIP			1.4 C:TY+	ST - Z!P			
TITLE	VD □ DELETS 2		2.1 TITLE			Change Addition	
NAME	WALTHER, NANCY		2.2 NAME				
STREET ACCRESS	DDRESS 2526 NW 31ST TERR 2.3		2.3 STREE	ADDRESS			
i CITY-ST-Z:P	ZIP GAINESVILLE FL 2 4		2 # OITY-	ST-Z:P			
TITLE			3 1 TITLE			Change Addition	
L. MAME		_	3,2 NAIME			ļ	
OTREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY -				
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
MAME			4. 2 NAME			-	

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 as 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE