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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90063 041 ***150.00

	-				- 		
DOCUMENT # M96884 1. Corporation Name							
WAL-STA	F TEMPORARY SERVICES	S, INC.					
Principal Place	of Business	Mailing Address		•		imit dibit otolt siett ot	W W W W
% ROBERT WALTHER % ROBERT WALTHER							
4140 N.W. 27TH LANE 4140 N.W. 27TH LANE				DO NOT WRITE IN	THIS SPACE		
GAINESVILLE FL 32606 GAINESVILLE FL 32606					3. Date Incorporated or Qualifed		-
					09/01/1988		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21 26		26			59-2906682	Not Applicable \$8.75 Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8./5 A Fee Red	
22		27			5 Floring Committee Financing	\$5.00	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	Added to	· .
Zip	Country	28 Zip	Country		8. This corporation owes the current ye	ar Intangible	
24	25		30		Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Curre				10. Name and Address of New Regist	red Agent	
			81	Name			
	THER, ROBERT		82	Street A	ddress (P.O. Box Number is Not Acceptable)	<u></u>	
4140 N.W. 27TH LANE			_				
GAINESVILLE FL 32606			83	1			
			84	City		FL 85 Zip C	Code
		500 and 607 1509 Elevida Statuto	e the abou	e-named c	corporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its	registered
					ration's board of directors. I hereby accept the	appointment as reg	gistered
agent. I ar	n familiar with, and accept the oblig	gations of, Section 607.0505, Flori	da Statutes	s.			
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: I	Registered Age	nt signature re	quired when reinstating) 1 DA		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Mudition i
NAME	Walther, Robert H.		1.2 NAME	1			
STREET ADDRESS	2526 NW 31ST TERR			TADDRESS			
CITY-ST-ZIP	GAINESVILLE FL	DELETE	1.4 CITY-5 2.1 TITLE	ST-ZIP		Change	Addition
TITLE	VD		2.1 IIILE 2.2 NAME		•	U	
NAME	WALTHER, NANCY			ET ADDRESS			
STREET ADDRESS	2526 NW 31ST TERR GAINESVILLE FL		2.4 CITY-	1	>		
CITY-ST-ZIP TITLE	TD	☐ DELETE	3.1 TITLE	*	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	☐ Change	Addition
NAME	WALTHER QUIRK, ERIKA		3.2 NAME				
STREET ADDRESS	4222 NW 61ST TERR		3.3 STREE	ET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32606		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4, 2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		[] DELETE	4.4 CITY-			Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				
NAME				ET ADDRESS			
STREET ADDRESS			5,4 CITY-				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME		•		
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY+	ST-ZIP		416 . 46 -4 46 - 2	

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 eq an attachment with an address, with all other like empowered.

SIGNATURE:

HUDGETON RHUALTHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99 (352) 376-8367 Date Date | Daytime Phone #