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\$61.25

NOT FOR PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1 of 2

DOCUMENT # N95000000130

1. Corporation Name

HALIFAX STAFFING, INC.

Principal Place of Business
303 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114

Mailing Address
303 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DAVIDSON, DAVID J.
303 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114

3. Date Incorporated or Qualified

3a. Date of Last Report

01/03/1994

1995

4. FEI Number

59-3222299

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 607.1503, 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

Signature based on printed name of registered agent and this is applicable. (Date) Registered Agent Signature is not applicable. (Date)

12. SEE ATTACHED

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME STANSFIELD, MARY J
STREET ADDRESS 864 PENINSULA DR
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ☐ DELETE

D
NAME GRANT, PEROMNIA
STREET ADDRESS 1632 FIFTH STREET
CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE ☐ DELETE

D
NAME LLOYD, WILLIAM S
STREET ADDRESS 354 N BEACH ST
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ DELETE

D
NAME COVINGTON, SYLVESTER
STREET ADDRESS 1200 VOLUSIA AVE
CITY-ST-ZIP PORT ORANGE FL 32119

TITLE ☐ DELETE

D
NAME COBLE, MARILYN W
STREET ADDRESS 1150 FLORIDA AVE
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ DELETE

D
NAME FOSTER, JAMES H
STREET ADDRESS 1801 INT'L SPEEDWAY BLVD.
CITY-ST-ZIP DAYTONA BEACH FL 32114

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE ☐ Change ☐ Addition

12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS ☐ Change ☐ Addition

14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY-ST-ZIP ☐ Change ☐ Addition

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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)(k), 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 addition with an address.

SIGNATURE:

Edmund J. [Signature] Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

904-254-4276

CR2E034 (12/95)

#N95000000130

CORPORATION ANNUAL REPORT - 1996

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HALIFAX STAFFING, INC.

ADDENDUM TO SECTION 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO SEC. 12		CHANGE/ ADDITION
TITLE NAME ADDRESS CITY/ST/ZIP	D PECK, EDWIN 2425 S. ATLANTIC AVE. DAYTONA BCH SHORES FL 32118	TITLE NAME ADDRESS CITY/ST/ZIP		
TITLE NAME ADDRESS CITY/ST/ZIP	P REES, RON R. 2906 RIVERPOINT DR DAYTONA BEACH, FL 32114	TITLE NAME ADDRESS CITY/ST/ZIP		
TITLE NAME ADDRESS CITY/ST/ZIP	VP GRIFFIN, WILLIAM J. 6193 SHORELINE DR PORT ORANGE, FL 32119	TITLE NAME ADDRESS CITY/ST/ZIP		
TITLE NAME ADDRESS CITY/ST/ZIP	S/T HEVERIN, EDWARD J. 2 WINDSOR DRIVE ORMOND BEACH, FL 32174	TITLE NAME ADDRESS CITY/ST/ZIP		