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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000130 (4)**

1. Corporation Name

HALIFAX STAFFING, INC.

Principal Place of Business

Mailing Address

**303 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114**

**303 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114-2709**

3. Date Incorporated or Qualified **01/03/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **303 N. CLYDE MORRIS BLVD.**
Suite, Apt. #, etc.

22 City & State

27 **ATTN: GENERAL COUNSEL**
City & State
DAYTONA BEACH, FL

23 Zip Country
24 **32114-2709** **25** **US**

28 **32114-2709** **30** **US**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. **SEE ATTACHED**

OFFICERS AND DIRECTORS

☐ DELETE

TITLE **D**
NAME **STANSFIELD, MARY J**
STREET ADDRESS **864 PENINSULA DR**
CITY - ST - ZIP **ORMOND BEACH FL 32178**

TITLE **D**
NAME **GRANT, PEROMNIA**
STREET ADDRESS **1832 FIFTH STREET**
CITY - ST - ZIP **DAYTONA BEACH FL**

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

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

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

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

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward J. Heverin

Date

4/21/97

904-254-4278

Daytime Phone #0001887

CR2E037 (9/96)

CORPORATION ANNUAL REPORT - 1997

HALIFAX STAFFING, INC.

ADDENDUM TO SECTION 12

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO SEC. 12	CHANGE/ ADDITION
TITLE	D		TITLE	
NAME	PECK, EDWIN		NAME	PECK, EDWIN W., JR.
ADDRESS	2425 S. ATLANTIC AVE.		ADDRESS	
CITY/ST/ZIP	DAYTONA BCH SHORES FL		CITY/ST/ZIP	
TITLE	PD		TITLE	
NAME	REES, RON R.		NAME	
ADDRESS	2906 RIVERPOINT DR		ADDRESS	
CITY/ST/ZIP	DAYTONA BEACH, FL		CITY/ST/ZIP	
TITLE	VD		TITLE	
NAME	GRIFFIN, WILLIAM J.		NAME	
ADDRESS	6193 SHORELINE DR		ADDRESS	
CITY/ST/ZIP	PORT ORANGE, FL		CITY/ST/ZIP	
TITLE	STD		TITLE	
NAME	HEVERIN, EDWARD J.		NAME	
ADDRESS	2 WINDSOR DRIVE		ADDRESS	
CITY/ST/ZIP	ORMOND BEACH, FL		CITY/ST/ZIP	