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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

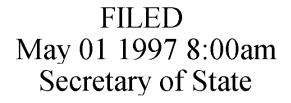
1997

DOCUMENT # N9400000130 (4)

HALIFAX STAFFING, INC.

Principa	ıl Pla	to en	Rusi	กลรร

Mailing Address



|--|--|--|--|--|--|

303 N CLYDE M Daytona Beac		303 N CLYDE MORRIS BLVD DAYTONA BEACH FL 32114-2709						
					3. Date Incorporated or Qualified 01/03/1994		te of Last F 5/01/19	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26 303 N. CLYDE MO	RRI	S RI.VID.	59-3222299		_ N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27 ATTN: GENERAL			5. Certificate of Status Desired			Additional equired
City & State	3	City & State DAYTONA BEACH,	FL		Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country		Country	'	8. This corporation has liability for in	tengible		
24	25	29 32114-2709 30	US			Yes [,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	latered /	gent	
			81	Name				
DAVIDSO	N, DAVID J		82	Street Add	fress (P.O. Box Number is Not Acceptable	e)		
	YDE MORRIS BLVD			000.710.	index (1.0, bon 10, noon to the noophus)	_,		
DAYTONA	A BEACH FL 32114		83					
			84	City			15. Tim	Code
			104	City		FL	85 Zip	COOR
11. Pursuant to office or re	to the provisions of Sections 617.05 egistered agent, or both, in the States to the country of t	02 and 617,1508, Florida Statutes, the e of Florida. Such change was authoring the college of Section 617,0503. Florida S	e above	e-named cor the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accep	rpose of the app	changing ointment a	its registered s registered
SIGNATURE _	rit laitilliai witti, ario accept trie oblij	ganona or, operion o 17.0000, Florida c	Jibiulo	.				
SIGNATORE _	Signature, typed or printed name of registered as		itered Age	ent signature requ	uired when reinstating)	DATE		
12. SEE A	+ TUTATION		3.		ADDITIONS/CHANGES TO OFFICE	ERS AND		
TITLE	D		.1 TITLE				Change	Addition
NAME	STANSFIELD, MARY J	1.1.	.2 NAME					
STREET ADORESS	864 PENINSULA DR	1.	.3 STREET	ADDRESS				
CITY-SF-ZiP	ORMOND BEACH FL 32176		4 CITY - S	T- ZIP				
TITLE	D	DELETE 2	1 TITLE	ļ			Change	Addition
NAME	grant, peromnia	2.	2 NAME					
STREET ADDRESS	1632 FIFTH STREET	2.	.3 STREET	ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL		. 4 CITY-5	ST-ZIP				
TITLE	D	DELETE 3.	A TITLE	D			☐ Change	X Addition
NAME	LLOYD, WILLIAM S	3.	.2 NAME	E	LSTON, ROBERT C.			
STREET ADDRESS	354 N BEACH ST	i 3.	.3 STREET	ADDRESS 1	281 US HIGHWAY 1			
CITY-ST-ZIP	DAYTONA BEACH FL 32114	3.	4. CITY-5	ST-ZIP O	RMOND BEACH, FL 32174			
TITLE	D	DELETE 4	1 TITLE				Change	Addition
NAME	COVINGTON, SYLVESTER	4.	. 2 NAME	[
STREET ADDRESS	1200 VOLUSIA AVE	4.	.3 STREET	ADDRESS 1	200 INTERNATIONAL SPEE	PAWD	BLVD.	
CITY-ST-ZIP	PORT ORANGE FL 32119	.	.4 CITY-S	ST-ZIP D	AYTONA BEACH, FL 3211	.4		
TITLE	D	DELETE 5.	A TITLE				☐ Change	Addition
NAME	COBLE, MARILYN W	5.	.2 NAME	İ				
STREET ADDRESS	1150 FLORIDA AVENUE	5.	.3 STREET	ADDRESS				
City-St-ZiP	DAYTONA BEACH FL 32114		4 CITY-S					
TITLE	D		1 TITLE		D .	***************************************	Change	Addition
NAME	FOSTER, JAMES H		.2 NAME		עיי		A.	
STREET ADDRESS	1801 INT'L SPEEDWAY BLVI			I ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL 32114	6.	4 CITY - S		ed in Passion 110 07/0\/ii\ Flexido Ctatutos	11.4	andiby the	

I. 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 emowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 is changed for an attachment with an address.

SIGNATURE:

NONATIDE AND TYPED OF PRINTED HAME OF SHAULD OFFICE OF DIRECTOR

4/2/67

904-254-4278

Daytime Phone #0001887

CORPORATION ANNUAL REPORT - 1997

HALIFAX STAFFING, INC.

ADDENDUM TO SECTION 12

12. OFFICERS AND DIRECTORS DELETE		13. ADDIT	CHANGE/ ADDITION		
TITLE	D		TITLE		
NAME	PECK, EDWIN		NAME	PECK, EDWIN W., JR.	CHANGE
ADDRESS	2425 S. ATLANTIC AVE.		ADDRESS		
CITY/ST/ZIP	DAYTONA BCH SHORES FL	,	CITY/ST/ZIP		ž.
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		