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May 19 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

**1041 DUNLAWTON AVE.  
PORT ORANGE FL 32119**

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

2. Principal Place of Business

2a. Mailing Address

**21 303 N. Clyde Morris Blvd.**

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

City & State

City & State

**23 Daytona Beach, FL**

City & State

Zip

Country

Zip

Country

**24 32114**

**25 USA**

**29**

**30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**01/03/1994**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STANSFIELD, MARY J</b>	
STREET ADDRESS	<b>864 PENINSULA DR</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRANT, PEROMNIA</b>	
STREET ADDRESS	<b>1632 FIFTH STREET</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ELSTON, ROBERT C.</b>	
STREET ADDRESS	<b>1281 US HIGHWAY 1</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COVINGTON, SYLVESTER</b>	
STREET ADDRESS	<b>1200 INTERNATIONAL SPEEDWAY BLVD</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COBLE, MARILYN W</b>	
STREET ADDRESS	<b>1150 FLORIDA AVENUE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>FOSTER, JAMES H</b>	
STREET ADDRESS	<b>1801 INT'L SPEEDWAY BLVD.</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>633 Madison Avenue</b>
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE

Edward J. Heverin, Treas. (904) 254-4278

CP2E037 (10/97)

# **CORPORATION ANNUAL REPORT - 1998**

## **HALIFAX STAFFING, INC.**

### **ADDENDUM TO SECTION 12**

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