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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90044 047 ****61.25

DOCUMENT # N94000000130

1. Corporation Name

HALIFAX STAFFING, INC.

Principal Place of Business

303 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114
US

Mailing Address

303 N CLYDE MORRIS BLVD
ATTN: GENERAL COUNSEL
DAYTONA BEACH FL 32114
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

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

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 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. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME STANSFIELD, MARY J

STREET ADDRESS 864 PENINSULA DR

CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ☐ DELETE

NAME GRANT, PEROMNIA

STREET ADDRESS 1632 FIFTH STREET

CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ DELETE

NAME ELSTON, ROBERT C.

STREET ADDRESS 1281 US HIGHWAY 1

CITY-ST-ZIP ORMOND BEACH FL

TITLE ☐ DELETE

NAME COVINGTON, SYLVESTER

STREET ADDRESS 633 MADISON AVE

CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ DELETE

NAME COBLE, MARILYN W

STREET ADDRESS 1150 FLORIDA AVENUE

CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ DELETE

NAME FOSTER, JAMES H

STREET ADDRESS 1801 INT'L SPEEDWAY BLVD.

CITY-ST-ZIP DAYTONA BEACH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

353 Oak Drive

Ormond Beach, FL 32176

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Edward J. Heverin

904-254-4278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

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N94000000130

CORPORATION ANNUAL REPORT - 1999

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 W. JR.		NAME		
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		