


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90551 040 \*\*\*150.00

<b>DOCUMENT # P01000069135</b> 1. Entity Name <b>MODIS PROFESSIONAL SERVICES, INC.</b>					
Principal Place of Business <b>1 INDEPENDENT DRIVE JACKSONVILLE, FL 32202</b>			Mailing Address <b>1 INDEPENDENT DRIVE JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D / CEO</b> <b>PAYNE, TIMOTHY.D</b> <b>1 INDEPENDENT DRIVE</b> <b>JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D / SVP Treasurer</b> <b>CROUCH, ROBERT P</b> <b>1 INDEPENDENT DRIVE</b> <b>JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COB</b> <b>DEWAN, DEREK E</b> <b>ONE INDEPENDENT DR</b> <b>JACKSONVILLE, FL 32202</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP of Tax</b> <b>Gerald Robinson</b> <b>One Independent Dr.</b> <b>Jacksonville, FL 32202</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABNEY, MICHAEL D</b> <b>ONE INDEPENDENT DR</b> <b>JACKSONVILLE, FL 32202</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP-Secretary</b> <b>Gregory Holland</b> <b>One Independent Dr.</b> <b>Jacksonville, FL 32202</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, T. WAYNE</b> <b>ONE INDEPENDENT DR</b> <b>JACKSONVILLE, FL 32202</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>John P. Cullen</b> <b>1901 Sandy Springs Rd.</b> <b>Laurel, MO 64607</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst. Secretary-Director</b> <b>Tyra Tutor</b> <b>One Independent Dr.</b> <b>Jacksonville, FL 32202</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Gerald Robinson</u> <b>4-19-04</b> <b>904-360-2704</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					