

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90400 002 ***150.00

DOCUMENT # P01000069135

1. Entity Name
MODIS PROFESSIONAL SERVICES, INC.



Principal Place of Business
**1 INDEPENDENT DRIVE
JACKSONVILLE, FL 32202**

Mailing Address
**1 INDEPENDENT DRIVE
JACKSONVILLE, FL 32202**

40075743



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3730874

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | D |
| NAME | PAYNE, TIMOTHY D |
| STREET ADDRESS | 1 INDEPENDENT DRIVE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32202 |
| TITLE | D |
| NAME | CROUCH, ROBERT P |
| STREET ADDRESS | 1 INDEPENDENT DRIVE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32202 |
| TITLE | VPT |
| NAME | ROBINSON, GERALD |
| STREET ADDRESS | ONE INDEPENDENT DR. |
| CITY-ST-ZIP | JACKSONVILLE, FL 32202 |
| TITLE | VPS |
| NAME | HOLLAND, GREGORY |
| STREET ADDRESS | ONE INDEPENDENT DR |
| CITY-ST-ZIP | JACKSONVILLE, FL 32202 |
| TITLE | P |
| NAME | CULLEN, JOHN P |
| STREET ADDRESS | 14401 SWEITZER LONG |
| CITY-ST-ZIP | LAUREL, MD 20707 |
| TITLE | ASD |
| NAME | TUTOR, TYRA |
| STREET ADDRESS | ONE INDEPENDENT DR. |
| CITY-ST-ZIP | JACKSONVILLE, FL 32202 |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 title empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 360-2704