

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90437 013 ***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**

40090464



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3730874

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2007 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 like empowered.

SIGNATURE: Gerald Robinson **GERALD ROBINSON** 4-27-07 904-360-2704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #