FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P18079** **(4)**

1. Corporation Name:
DYNAMIC TEMPORARY SERVICES, INC.

Principal Place of Business
3535 PIEDMONT RD. N.E.
ATLANTA GA 30305

Mailing Address
3535 PIEDMONT RD. N.E.
ATLANTA GA 30305

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualified: **02/19/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite Apt # etc.
22
City & State
23
24 City 25 Country

2a. Mailing Address
26
Suite Apt # etc.
27
City & State
28
29 Zip 30 Country

4. FEI Number: **58-1765333** 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

8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0505 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLNER, GUY W.
STREET ADDRESS	3303 CHATHAM RD. N.W.
CITY, STATE, ZIP	ATLANTA GA
TITLE	VAS
NAME	BRYAN, LARRY T.
STREET ADDRESS	1580 LAZY RIVER LN.
CITY, STATE, ZIP	DUNWOODY GA
TITLE	T
NAME	COLE JR., MADISON F.
STREET ADDRESS	435 PEACHTREE BATTLE AVE
CITY, STATE, ZIP	ATLANTA GA
TITLE	AT
NAME	COLDREN, KATHY
STREET ADDRESS	3535 PIEDMONT RD., N.E.
CITY, STATE, ZIP	ATLANTA GA
TITLE	SVP
NAME	HAIN, MARK
STREET ADDRESS	3535 PIEDMONT RD., N.E.
CITY, STATE, ZIP	ATLANTA GA
TITLE	CEO
NAME	MILLER, DOUGLAS
STREET ADDRESS	3535 PIEDMONT RD., N.E.
CITY, STATE, ZIP	ATLANTA GA

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE	Asst Secretary	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

14. I hereby certify that the information indicated on this 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 a director or officer 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 12 or Block 13 above, or on an attachment with an entry.

SIGNATURE: Kathy J. Coldren Kathy J. Coldren 4/28/95 404-240-3665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0003103 CP