

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/19/1988

3a. Date of Last Report

05/01/1995

4. FLI 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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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

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

(NOTE: Registered Agent signature required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLNER, GUY W.	
STREET ADDRESS	3303 CHATHAM RD. N.W.	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	VAS VP	<input type="checkbox"/> DELETE
NAME	BRYAN, LARRY T.	
STREET ADDRESS	1580 LAZY RIVER LN.	
CITY-STATE-ZIP	DUNWOODY GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COLE JR., MADISON F.	
STREET ADDRESS	435 PEACHTREE BATTLE AVE	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COLDREN, KATHY	
STREET ADDRESS	3535 PIEDMONT RD., N.E.	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	HAIN, MARK	
STREET ADDRESS	3535 PIEDMONT RD., N.E.	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	MILLER, DOUGLAS	
STREET ADDRESS	3535 PIEDMONT RD., N.E.	
CITY-STATE-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	VICE PRESIDENT
2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	ASST TREAS.
4.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.3 STREET ADDRESS	PAM W. TAYLOR
4.4 CITY-STATE-ZIP	3535 PIEDMONT RD NE
	ATLANTA GA 30305
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pamela W. Taylor* Pam W. TAYLOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 (404) 240-3000

DATE

Daytime Phone #

CR2E034 (12/95)