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

FILED
95 FEB -7 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P18758 (3)

1. Corporation Name
LEGAL STAFFING, INC.

Principal Place of Business	Mailing Address
P.O. BOX 8775 METAIRIE LA 70011	P.O. BOX 8775 METAIRIE LA 70011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1988
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business
21: 111 MADISON STREET
Suite, Apt. #, etc.
22: 1020
City & State
23: TAMPA, FL
Zip
24: 33602
Country
25:

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

4. FEI Number: 72-1116225 ☐ 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

9. Name and Address of Current Registered Agent

PREISING, SUSAN M.
111 MADISON STREET, #1020
TAMPA FL 33602

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	V.P./DIRECTOR	☒ Change ☐ Addition
NAME	SMITH, JOHN R.	1.2 NAME	MARY F. ANDERSEN	
STREET ADDRESS	104 RANDOM OAKS	1.3 STREET ADDRESS	849 WILSHIRE	
CITY-ST-ZIP	MANDEVILLE LA	1.4 CITY-ST-ZIP	METAIRIE, LA 70005	
TITLE	VD	2.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	ANDERSEN, MARY F.	2.2 NAME	KELLIE COLLIER	
STREET ADDRESS	4817 YORK ST. #204	2.3 STREET ADDRESS	8713 LUPTON LANE	
CITY-ST-ZIP	METAIRE LA	2.4 CITY-ST-ZIP	HOUSTON, TX	
TITLE	STDV	3.1 TITLE		☐ Change ☐ Addition
NAME	QUATROY, KATHLEEN G	3.2 NAME		
STREET ADDRESS	212 EDEN ISLES BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SLIDELL LA	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	COLLIER, KELLIE K.	4.2 NAME		
STREET ADDRESS	11526 S. LOU-AL	4.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP		
TITLE	DV	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, CARMEN J.	5.2 NAME		
STREET ADDRESS	104 RANDOM OAKS	5.3 STREET ADDRESS		
CITY-ST-ZIP	MANDEVILLE LA	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	BRAGG, MARGARET M	6.2 NAME		
STREET ADDRESS	773 BEAU CHENE DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MANDEVILLE LA 70448	6.4 CITY-ST-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)(i), 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: Kathleen G Quatroy V.P./S/T 2-1-95 504-837-8722
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
KATHLEEN G QUATROY

0471043 FP