FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P18758** **(3)**

1. Corporation Name

LEGAL STAFFING, INC.

Principal Place of Business	Mailing Address
111 MADISON STREET 1020 TAMPA FL 33602 US	P.O. BOX 8775 METAIRIE LA 70011

2. Principal Place of Business	2a. Mailing Address
21 111 E. MADISON STREET	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 1130	27
City & State	City & State
23 TAMPA FLORIDA	28
Zip / Country	Zip / Country
24 33602 / 25 HILLSBOROUGH	29 / 30

3. Date Incorporated or Qualified: **04/08/1988**

3a. Date of Last Report: **02/07/1995**

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): 111 E. MADISON STREET, # 1130

83

84 City: TAMPA **FL** 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 607.0402 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: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ANDERSEN, MARY F.		12 NAME	
STREET ADDRESS	849 WILSHIRE		13 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA		14 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	COLLIER, KELLIE		22 NAME	
STREET ADDRESS	8713 LUPTON LANE		23 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX		24 CITY-ST-ZIP	
TITLE	STDV	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	QUATROY, KATHLEEN G		32 NAME	
STREET ADDRESS	212 EDEN ISLES BLVD.		33 STREET ADDRESS	
CITY-ST-ZIP	SLIDELL LA		34 CITY-ST-ZIP	
TITLE	V	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	COLLIER, KELLIE K.		42 NAME	
STREET ADDRESS	11526 S. LOU-AL		43 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX		44 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	SMITH, CARMEN J.		52 NAME	
STREET ADDRESS	104 RANDOM OAKS		53 STREET ADDRESS	
CITY-ST-ZIP	MANDEVILLE LA		54 CITY-ST-ZIP	
TITLE	V	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	BRAGG, MARGARET M		62 NAME	
STREET ADDRESS	773 BEAU CHENE DR.		63 STREET ADDRESS	
CITY-ST-ZIP	MANDEVILLE LA 70448		64 CITY-ST-ZIP	

CR2E034 (12/95)

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 Quatroy VP/S/T/D 02-23-96 504-837-8722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

KATHLEEN QUATROY