

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 # P24623 (1)

1. Corporation Name

NORRELL TEMPORARY SERVICES, INC.

Principal Place of Business

3535 PIEDMONT ROAD, N.E.
ATLANTA GA 30305

Mailing Address

3535 PIEDMONT ROAD, 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

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/06/1989

3a. Date of Last Report

05/01/1995

4. FCI Number

58-1814806

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MILLNER, GUY W.
3535 PIEDMONT ROAD, N.E.
ATLANTA GA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MILLER, C DOUGLAS
3535 PIEDMONT ROAD, N.E.
ATLANTA GA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HAIN, MARK
3535 PIEDMONT ROAD, N.E.
ATLANTA GA

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ANDERSON, STAN
3535 PIEDMONT ROAD, N.E.
ATLANTA GA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BRYAN, LARRY J.
3535 PIEDMONT ROAD, N.E.
ATLANTA GA

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
COLDREN KATHY
3535 PIEDMONT ROAD NE
ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

ASST. TREAS
PAM W TAYLOR
3535 PIEDMONT RD NE
ATLANTA GA 30305

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAM W. TAYLOR 4-4-96 (404)240-3000

Date Daytime Phone #

CR2E034 (12/95)