

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90035 028 ***150.00

DOCUMENT # P24623

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1989

4. FEI Number

58-1814806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

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 607.0502 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MILLNER, GUY W.	
STREET ADDRESS	3535 PIEDMONT ROAD, N.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, C DOUGLAS	
STREET ADDRESS	3535 PIEDMONT ROAD, N.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAIN, MARK	
STREET ADDRESS	3535 PIEDMONT ROAD, N.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, PAM W	
STREET ADDRESS	3535 S PIEDMONT RD NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRYAN, LARRY J.	
STREET ADDRESS	3535 PIEDMONT ROAD, N.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C. Douglas Miller	
1.3 STREET ADDRESS	3535 Piedmont Rd NE	
1.4 CITY-ST-ZIP	Atlanta, GA 30305	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James Ernest Riddle	
2.3 STREET ADDRESS	3535 Piedmont Rd NE	
2.4 CITY-ST-ZIP	Atlanta, GA 30305	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Asst. Corporate Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kathy McDevitt	
6.3 STREET ADDRESS	3535 Piedmont Rd NE	
6.4 CITY-ST-ZIP	Atlanta, GA 30305	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)