

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

0527559

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

1:  
2:  
2

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90006 043 \*\*\*150.00

DOCUMENT # P28830

1. Corporation Name

DOBBS TEMPORARY SERVICES, INC.

\$150.00



Principal Place of Business

920 2ND AVE SO  
STE 920  
MINNEAPOLIS MN 55402  
US

Mailing Address

920 2ND AVE SO  
STE 920  
MINNEAPOLIS MN 55402  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1990

4. FEI Number

41-1655052

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

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

*Betty J. Vanford* *Staff accountant*

4-10-99

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 ☐ DELETE

NAME DOBBS, JEFFREY P.  
STREET ADDRESS 920 2ND AVE SO STE 920  
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☐ DELETE

NAME DOBBS, DOUGLAS J.  
STREET ADDRESS 222 W LAS COLINAS BLVD.  
CITY-ST-ZIP IRVING TX

TITLE ☐ DELETE

NAME MORRIS, MICHAEL E.  
STREET ADDRESS 5151 BEITUNE RD #330  
CITY-ST-ZIP DALLAS TX

TITLE ☐ DELETE

NAME MOREL, CLAY E.  
STREET ADDRESS 1360 POST OAK BLVD #1770  
CITY-ST-ZIP HOUSTON TX

TITLE ☐ DELETE

NAME LYNCH, ANN  
STREET ADDRESS 920 2ND AVE SO STE 920  
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☐ DELETE

NAME CAVEN, TODD  
STREET ADDRESS 920 2 AVE SO STE 920  
CITY-ST-ZIP MINNEAPOLIS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*Betty J. Vanford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99 (612) 3735718  
Date Daytime Phone #

CR2E034 (11/98)