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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS 7: 2 2

## Apr 28, 1999 8:00 am Secretary of State

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

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DOCUMENT #	P28830
1 Compration Name	

DOBBS TEMPORARY SERVICES, INC.

920 2ND AVE SO 920 21 STE 920 STE 9		Mailing Address 920 2ND AVE SO STE 920			DO NOT WRITE IN THIS SPACE			
		MINNEAPOLIS MN 55402		DO NOT WRITE IN 11 IS SPACE  3. Date I reorporated or Qualifed				
00		00			04/03/1990			
2. Principal F	Place of Business	2a. Mailing Address	·		4. FEI Number	<del></del> -	Α	pr-lied For
21		26			41-1655052			lot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		_	5 Certificate of Status Desired			A iditional
22		27	<del></del> _				<del></del>	Required
City & Sta	ate	City & State			6. Election Campaign Financing Trust Fund Contribution			) May Be itc Fees
Zip	Cour try	Zip	Count	ry	8. This corporation owes the curr	ent year	ntangible	
24	25	29	30		Persor al Property Tax.		Yes	_[]No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New I	Registere	d Agent	
OT (	CODDODATION SYSTEM		8	1 Name				
	CORPORATION SYSTEM  0 S. PINE ISLAND ROAD		8	2 Street Acd	fress (P.O. Box Number is Not Accept	able)		
	NTATION FL 33324		8	3				
	· · · · · · · · · · · · · · · · · · ·		L.					
			8	4 City		F	85 Zip	Code
	LALLO PARTURNA	tions of, Section 607.0505, Fit	aca	unta	A	4-10-	99	
SIGNATURE	Signature, typed or printed nai se of registered agen	in, stapp	$ac\alpha$	untu	Addition reinstating)  ADDITIC NS/CHANGES TO OF	H-10 DATE FICERS /	ND DIRECT	
SIGNATURE	Signature, typed or profited name of registered ager  OFFICERS AN	and title if applicable.	: Registered Ag	ent signature requir	ed whom remadeling/	07110		
SIGNATURE  12.  TITLE  NAME	Signature, hyper or profited man be of registered agent of profited man be of registered agent of profited agent of profited prof	nt and title if applicable.	: Registered Ag 13. 1.1 TITLE 1.2 NAME	ent signature requir	ed whom remadeling/	07110	ND DIRECT	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or gryfied nai te of registered ager  DFFICERS AN  P  DOBBS, JEFFREY P.  S 920 2ND AVE SO STE 920	nt and title if applicable.	: Registered Ag  13.  1.1 TITLE  1.2 NAME  1.3 STRE	ent signature requirement signature requirem	ed whom remadeling/	07110	ND DIRECT	
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SIGNATURE  12.  TITLE  NAME  STREET ADDRE'S  CITY-ST-ZIP  TITLE  NAME	Signature, typed or grylled hair te of registered ager  DFFICERS AN  P DOBBS, JEFFREY P.  920 2ND AVE SO STE 920 MINNEAPOLIS MN  V DOBBS, DOUGLAS J.	nt and title if applicable.  DIRECTORS  DELETE	22 NAME  1.2 NAME  1.3 STRE  1.4 CITY-  2.1 TITLE	ent signature requires	ed whom remadeling/	07110	ND DIRECT	Addition
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MINNEAPOLIS MN CITY-ST-ZIP 14. I hereby certify that the information indicated on this annual report or supplied with his filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further ce tify 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)