

JUN-24-1997 16:22

MCNAIR LAW FIRM, P.A.

P.02/08

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**

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

FILED

97 JUN 27 AM 10:00

 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P207161

1. Corporation Name

HOSPITALITY RESOURCES STAFFING, INC.

Principal Place of Business

Mailing Address

 547 B MILLER RD  
 SUMTER, S.C. 29151

3. Date Incorporated or Qualified

6/15/90

3a. Date of Last Report

4/17/95

2. Principal Place of Business

21 2000 CENTER POINT DR

2a. Mailing Address

23 P.O. BOX 210963

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 2275

27

City &amp; State

City &amp; State

23 COLUMBIA, S.C.

28 COLUMBIA, S.C.

24 29221

Country

29 29221-0963

Country

25 USA

30 USA

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

10. Name and Address of New Registered Agent

 THE PRENTICE HALL CORPORATION  
 SYSTEM, INC.  
 1201 HAYES ST. STE. 105  
 TALLAHASSEE, FL. 32301

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and use of a seal (not required)

(NOTE: Registered agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE ☒ DELETE  
 1.2 NAME PRESIDENT  
 1.3 STREET ADDRESS STEPHEN A. BARWICK  
 1.4 CITY-ST-ZIP 547 B MILLER RD  
 SUMTER, S.C. 29151

 2.1 TITLE ☒ DELETE  
 2.2 NAME SECRETARY  
 2.3 STREET ADDRESS DONNA J. BARWICK  
 2.4 CITY-ST-ZIP 547 B MILLER RD  
 SUMTER, S.C. 29151

 3.1 TITLE ☐ DELETE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

 4.1 TITLE ☐ DELETE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

 5.1 TITLE ☐ DELETE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

 6.1 TITLE ☐ DELETE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

 1.1 TITLE CHAIRMAN OF THE BOARD ☐ Change ☒ Addition  
 1.2 NAME TIMOTHY B. FABER  
 1.3 STREET ADDRESS 2000 CENTER POINT DR.  
 1.4 CITY-ST-ZIP COLUMBIA, S.C. 29221

 2.1 TITLE ☐ Change ☒ Addition  
 2.2 NAME PRESIDENT & CEO  
 2.3 STREET ADDRESS DAVID BASS  
 2.4 CITY-ST-ZIP 2000 CENTER POINT DR.  
 COLUMBIA, S.C. 29221

 3.1 TITLE ☐ Change ☒ Addition  
 3.2 NAME CHIEF OPERATING OFF.  
 3.3 STREET ADDRESS W. CHUCK CROSS  
 3.4 CITY-ST-ZIP 2000 CENTER POINT DR.  
 COLUMBIA, S.C. 29221

 4.1 TITLE ☐ Change ☒ Addition  
 4.2 NAME SECRETARY  
 4.3 STREET ADDRESS W. CHUCK CROSS  
 4.4 CITY-ST-ZIP 2000 CENTER POINT DR.  
 COLUMBIA, S.C. 29221

 5.1 TITLE ☐ Change ☒ Addition  
 5.2 NAME TREASURER  
 5.3 STREET ADDRESS DAVID BASS  
 5.4 CITY-ST-ZIP 2000 CENTER POINT DR.  
 COLUMBIA, S.C. 29221

 6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

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 -07/01/97--01058--001

Fee: \*\*\*\$550.00\*\*\*