# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:22

DOCUMENT # P31865 (9)

1. Corporation Name
STAFCO, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 111 MADISON ST., SUITE 1020<br>TAMPA FL 33602 | 111 MADISON ST., SUITE 1020<br>TAMPA FL 33602 |

DO NOT WRITE IN THIS SPACE.

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified: 11/14/1990 | 3a. Date of Last Report: 01/26/1994 |
| 21 | 26 P.O. Box 8775 | 4. FEI Number: 72-0900170 | Applied For / Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| City & State 23 | City & State 28 METAIRIE, LA | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip 24 / Country 25 | Zip 29 70011 / Country 30 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No | |

**9. Name and Address of Current Registered Agent**

SUSAN PREISING
111 MADISON ST., SUITE 1020
TAMPA FL 33602

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | V.P. ☐ Change ☒ Addition |
| NAME | SMITH, JOHN R. | 1.2 NAME | MARGARET M. BRAGG |
| STREET ADDRESS | 104 RANDOM OAKS DRIVE | 1.3 STREET ADDRESS | 713 BEAU CHENE |
| CITY-ST-ZIP | MANDEVILLE LA | 1.4 CITY-ST-ZIP | MANDEVILLE, LA 70448 |
| TITLE | VD | 2.1 TITLE | V.P. ☐ Change ☒ Addition |
| NAME | ANDERSEN, MARY F. | 2.2 NAME | KELLIE K. COLLIER |
| STREET ADDRESS | 4324 LINE ST. | 2.3 STREET ADDRESS | 8713 LUPTON LANE |
| CITY-ST-ZIP | METAIRIE LA | 2.4 CITY-ST-ZIP | HOUSTON, TX |
| TITLE | STDV | 3.1 TITLE | V.P./DIRECTOR ☒ Change ☐ Addition |
| NAME | QUATROY, KATHLEEN G. G | 3.2 NAME | MARY F. ANDERSEN |
| STREET ADDRESS | 212 EDEN ISLES DR. | 3.3 STREET ADDRESS | 849 WILSHIRE |
| CITY-ST-ZIP | SLIDELL LA 70458 | 3.4 CITY-ST-ZIP | METAIRIE LA 70005 |
| TITLE | V | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | HOFFMEIER, KATHY A | 4.2 NAME | |
| STREET ADDRESS | 3822 HILLGRAND DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DURHAM NC | 4.4 CITY-ST-ZIP | |
| TITLE | V | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | LEE GINA P | 5.2 NAME | |
| STREET ADDRESS | 655 LANGWOOD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOUSTON TX | 5.4 CITY-ST-ZIP | |
| TITLE | VD | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | SMITH, CARMEN J. | 6.2 NAME | |
| STREET ADDRESS | 104 RANDOM OAKS DR. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MANDEVILLE LA | 6.4 CITY-ST-ZIP | |

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)(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.

**SIGNATURE:** Kathleen G. Quatroy 2-1-95 504-837-8722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KATHLEEN G. QUATROY, V.P./S/T

0280035 CP