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

PRONT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPÓRATIONS

1996

DOCUMENT # P318 1. Corporation Name STAFCO, INC.	365 (9)		1 LB R 1 H B 1 1 1 B 1 1 H B 1 1 B 1 B 1 B 1 B	181 818 8181 81811 81811 81811 81811 81811 81811	
Principal Place of Business	Mailing Address				
111 MADISON ST., SUITE 1020 TAMPA FL 33602	PO BOX 8775 METAIRIE LA 70011				
	US	US		3a. Date of Last Report 02/08/1995	
2. Principal Place of Business 21 111 E MADISON STRE	28. Mailing Address		4. FEI Number 72-0800170	Applied Fo	
Suite, Apt. #, etc. 22 SUITE 1130	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition. Fee Required	
City & State 23 TAMPA FLORIDA	City II Chala		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
74) Country 24 33602 25 HILLS 30	Zip	Country 30	8. This corporation has liability for Florida Statutes	rintangible tax under s 199.032, s ☐ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New	Registered Agent	
SUSAN PREISING		1-1	Name Street Address (P.O. Box Number is Not Accepte	able)	

Applied For

Not Applicable \$8.75 Additional

3360	02 25 HILLSBURDUGH	30		Florida Statutes Yes No
	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent
•			81 Name	
SUSAN	PREISING		82 Street Ac	dress (P.O. Box Number is Not Acceptable)
	DISON ST., SUITE 1020		1//	E. MADISON STREET, # 1130
	FL 33602		83	
17411171	, 2 33332		84 City	85 Zip Code
			84 City 7	AMPA FL 33602
. Pursuant to	the provisions of Sections 607.0502 and 607.1508, Florida	Statutes, the at	iove-panied corr	poration submits this statement for the purpose of changing its registered off oard of directors. I hereby accept the appointment as registered agent. I am
or registere familiar with	id agent, or both, in the State of Florida. Such change was a _{1,} and accept the obligations of, Section 607.0505, Florida S	authorized by the Statutes:	Corporation's Di	date of directors. Thereby accept the appointment as registered again, it am
GNATURE				
JINATI OITE	Stignature, typod or printed name of respetured agent and little it applicable		ed Agent signature requ	
	OFFICERS AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
.£	VP DELE		TITLE	Change Li Adultion
Mi	BRAGG, MARGARET M.		NAME	
CEL ADDRESS	773 BEAU CHENE	13	STREET ADDRESS	
i SLZP	MANDEVILLE LA		CITY - ST - ZIP	
ŀ	VP DELE		TITLE	Change Addition
/í	COLLIER, KELLIE K.	2?	NAME	
GET ADDRESS	8713 LUPTON LANE	23	STREET ADDRESS	
Y-S1-ZIP	HOUSTON TX		CITY-ST-ZIP	
.F	VPD □ DELU	Th. 3	1 TITLE	Change Addition
M	ANDERESEN, MARY F.	3.2	NAME .	ANDERSEN, MARY F.
REEL ADORESS	849 WILSHIRE	3 3	STREET ADDRESS	
Y-81-7IF	METAIRIE LA		CITY - ST - ZIP	
if	V DELI	ETE 4	1 TITLE	☐ Change ☐ Additio
Mi	HOFFMEIER, KATHY A	42	NAME	
RELEADORESS	3822 HILLGRAND DRIVE	43	STREET ADDRESS	
Y-ST-ZIP	DURHAM NC		I CITY - ST - ZIP	
ı f	V DEL	ETE 5	1 TITLE	1 0000 1 7 4 3 9 9 1
MŁ	LEE GINA P	5.2	NAME -	100001743991 -03/15/9601016031
RELIT ADDRESS	655 LANGWOOD	53	STREET-ADDRESS	-02/12/2001010031
Y-ST-ZIP	HOUSTON TX	5.	CITY-ST-ZIP	***200.00
, f	VD □ DEL	E1E 6	1 TITLE	☐ Change ☐ Addition
\Mf	SMITH, CARMEN J.	6:	2 NAME	
REET ADDRESS	104 RANDOM OAKS DR.	6:	STREET ADDRESS	
1 y - S* - ZIP	MANDEVILLE LA		4 CITY - ST - ZIP	

certify that the information increased on this amidian eport of supplemental annual report is not an accurate and that my signature sharmave the same logar effect 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.

504-837-8122

12) Officers and Directors

Vice President/Secretary/Treasurer Quatroy, Kathleen G. 212 Eden Isles Drive Slidell, LA 70458

President Smith, John R. 104 Random Oaks Drive Mandeville, LA 70448