

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P37292 (0)

1. Corporation Name

TEAM AMERICA OF ORLANDO, INC.



Principal Place of Business

7380 SAND LAKE RD., SUITE 520
ORLANDO FL 32819

Mailing Address

110 E. WILSON BRIDGE RD., SUITE 150
WORTHINGTON OH 43085

3. Date Incorporated or Qualified
01/27/1992

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
31-1338971

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BLUBAUGH, RICHARD
7380 SAND LAKE RD.
STE. 520
ORLANDO FL 32819

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, in 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

Richard Blubaugh
Signature, typed or printed name of registered agent and not if applicable

RICHARD BLUBAUGH
(NOTE: Registered Agent signature required when re-registering)

DATE

4-18-96

12. OFFICERS AND DIRECTORS

TITLE PCT ☐ DELETE
NAME SCHILG, RICHARD C.
STREET ADDRESS 7991 HICKORY RIDGE CT.
CITY-ST-ZIP WESTERVILLE OH 43081

TITLE VCV ☐ DELETE
NAME COSTELLO, KEVIN T.
STREET ADDRESS 5635 HOCH MORE CT., N.
CITY-ST-ZIP DUBLIN OH 43017

TITLE SD ☐ DELETE
NAME JOHNSTON, WILLIAM W.
STREET ADDRESS 303 NEW ENGLAND AVE.
CITY-ST-ZIP WORTHINGTON OH 43085

TITLE T ☐ DELETE
NAME GARVER, RUSSELL R
STREET ADDRESS 8850 SUNART CT. NORTH
CITY-ST-ZIP DUBLIN OH 43017

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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)(k), 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

Date

Daytime Phone #

RUSSELL R. GARVER 4/16/95 (614) 848-3995

CR2E034 (12/95)