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

APPROVED AND FILED

95 MAY -1 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002512 (0)

1. Corporation Name
STAFF SERVICES SUNCOAST, INC.

Principal Place of Business
~~9009 SEMINOLE BLVD.~~ 7777 SEMINOLE BLVD
~~SUITE 2A~~ 2ND FLOOR
SEMINOLE FL 34642

Mailing Address
~~9009 SEMINOLE BLVD.~~ P.O. BOX 4006
~~SUITE 2A~~
SEMINOLE FL ~~34642~~ 34645-0006

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 01/11/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3155955 — 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

KNAPP, KATHLEEN L
~~9009 SMEINOLE BLVD.~~ 7777 SEMINOLE BLVD.
~~SUITE 2A~~ 2ND FLOOR
SEMINOLE FL 34642

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ Change ☐ Addition
NAME	GABLE, WILLIAM D JR	
STREET ADDRESS	9009 SEMINOLE BLVD., S-2A	7777 SEMINOLE BLVD. 2ND FLOOR
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	SD	☐ Change ☐ Addition
NAME	GABLE, RUTHANN M JR	
STREET ADDRESS	9009 SEMINOLE BLVD., S-2A	7777 SEMINOLE BLVD. 2ND FLOOR
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	TD	☐ Change ☐ Addition
NAME	KNAPP, KATHLEEN L	
STREET ADDRESS	9009 SEMINOLE BLVD., S-2A	7777 SEMINOLE BLVD. 2ND FLOOR
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: [signature] WILLIAM D. GABLE, PRES. 4/29/95 813-398-4144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0362506 CP