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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000028381 (0)**

1. Corporation Name
STAFFING PROFESSIONALS, INC.

Principal Place of Business

**205 MONTGOMERY AVE
BLDG 4
SARASOTA FL 34243-1519
US**

Mailing Address

**205 MONTGOMERY AVE
BLDG 4
SARASOTA FL 34243-1519
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1993

4. FEI Number

65-0405356

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 5881 Whitfield AVE

26 5881 Whitfield AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA FL

City & State

28 SARASOTA, FL

Zip

24 34243

Country

25 USA

Zip

29 34243

Country

30 USA

9. Name and Address of Current Registered Agent

**BECK, ROBERT
8308 12TH AVE DRIVE NW
BRADENTON FL 34209**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
NAME BECK, ROBERT
STREET ADDRESS 8303 12TH AVE DR NW
CITY-ST-ZIP BRADENTON FL**

TITLE ☐ DELETE

**V
NAME MCGEEHAN, LEO
STREET ADDRESS 2425 GULF OF MEXICO DR
CITY-ST-ZIP LONGBOAT KEY FL**

TITLE ☐ DELETE

**V
NAME ROBERTS, JAMES
STREET ADDRESS 4211 PRESIDENTIAL AVE CIR E
CITY-ST-ZIP BRADENTON FL**

TITLE ☐ DELETE

**V
NAME GIGLIOFFI, NICK
STREET ADDRESS 704 87TH ST NW
CITY-ST-ZIP BRADENTON FL**

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

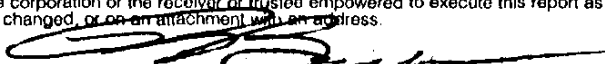
6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:



4/24/98

941-351-2606

CR2E034 (10/97)