

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000056355 (9)

1. Corporation Name

~~R.H.M.D., INC.~~ WESTERN STAFF SERVICES OF TALLAHASSEE, INC.



Principal Place of Business

Mailing Address

1641-B METROPOLITAN CIR.
TALLAHASSEE FL 32308

1641-B METROPOLITAN CIR.
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified 08/11/1993
3a. Date of Last Report 08/04/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number 59-3192498
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

10. Name and Address of New Registered Agent

DALEY, MARISUE
1641-B METROPOLITAN CIRCLE
TALLAHASSEE FL 32308

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

MARISUE DALEY

Marisue Daley

8-5-96

Signature typed or printed name of registered agent and if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DALEY, MARISUE
STREET ADDRESS 1641 B METROPOLITAN CIR.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE V
NAME HOWELLS, ROB
STREET ADDRESS 1641 B METROPOLITAN CIR.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE T
NAME DALEY, MARISUE
STREET ADDRESS 1641 B METROPOLITAN CIR.
CITY-ST-ZIP TALLAHASSEE FL

TITLE S
NAME HOWELLS, ROB
STREET ADDRESS 1641 B METROPOLITAN CIR.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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-08/14/96--01097--055
***225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marisue Daley

8-5-96

904-566-9006

CS 8/14/96

CR2E034 (3/96)