FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P93000066472 (0)**

1. Corporation Name

JOB SITE STAFFING, INC.

Principal Place of Business	Mailing Address
2403 10TH AVE. N. LAKE WORTH FL 33461 US	2403 10TH AVE. N. LAKE WORTH FL 33461 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1993	3a. Date of Last Report: 08/09/1994
4. FEI Number: 65-0442605	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RENNER, ROBERT B 2403 10TH AVE., N. LAKE WORTH FL 33461	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 Section 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

(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent's signature must be witnessed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
51 TITLE	D	71 TITLE	☐ Change ☐ Addition
52 NAME	RENNER, ROBERT B	72 NAME	
53 STREET ADDRESS	2403 10TH AVE. NORTH	73 STREET ADDRESS	
54 CITY ST ZIP	LAKE WORTH FL 33461	74 CITY ST ZIP	
55 TITLE		75 TITLE	☐ Change ☐ Addition
56 NAME		76 NAME	
57 STREET ADDRESS		77 STREET ADDRESS	
58 CITY ST ZIP		78 CITY ST ZIP	
59 TITLE		79 TITLE	☐ Change ☐ Addition
60 NAME		80 NAME	
61 STREET ADDRESS		81 STREET ADDRESS	
62 CITY ST ZIP		82 CITY ST ZIP	
63 TITLE		83 TITLE	☐ Change ☐ Addition
64 NAME		84 NAME	
65 STREET ADDRESS		85 STREET ADDRESS	
66 CITY ST ZIP		86 CITY ST ZIP	
67 TITLE		87 TITLE	☐ Change ☐ Addition
68 NAME		88 NAME	
69 STREET ADDRESS		89 STREET ADDRESS	
70 CITY ST ZIP		90 CITY ST ZIP	
91 TITLE		92 TITLE	☐ Change ☐ Addition
93 NAME		94 NAME	
95 STREET ADDRESS		96 STREET ADDRESS	
97 CITY ST ZIP		98 CITY ST ZIP	

14. (If applicable) I 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 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] 5/1/95 966-1747

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

0270410 CP

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Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # **P93000066485 (2)**

1. Corporation Name

WILLIAM G. TRUMBULL, P.A.

Principal Place of Business	Mailing Address
501 E. KENNEDY BLVD. SUITE 904 TAMPA FL 33602	501 E. KENNEDY BLVD. SUITE 904 TAMPA FL 33602

3. Date Incorporated or Qualified: **09/23/1993**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3205717** — 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

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) County (25) / Zip (29) County (30)

9. Name and Address of Current Registered Agent

HITCHENS, FRANK DIGIOIA
6464 FIRST AVE N.
ST. PETERBURG FL 33710

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	TRUMBULL, WILLIAM G	12 NAME	
STREET ADDRESS	501 E. KENNEDY BLVD., SUITE 904	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: William G. Trumbull — 4/18/95 — 813 221-8009

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

CP

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1995

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

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3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000066762 (4)**

1. Corporate Name

M & A AUTO TRANSPORT, INC.

Principal Place of Business	Mailing Address
3035 FEFER DRIVE DELTONA FL 32738	3035 FEFER DRIVE DELTONA FL 32738

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/20/1993**	3a. Date of Last Report: **06/29/1994**
4. FEI Number: **59-3205081**	☐ 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	

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

9. Name and Address of Current Registered Agent

BURGESS, MICHAEL
3035 FITER DR.
DELTONA FL 32738

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '97	
1 TITLE	P	1 TITLE	☐ Change ☐ Addition
1 NAME	BURGESS, MICHAEL	1 NAME	
1 STREET ADDRESS	3035 FIFER DR.	1 STREET ADDRESS	
1 CITY-ST-ZIP	DELTONA FL 32738	1 CITY-ST-ZIP	
2 TITLE		2 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
2 STREET ADDRESS		2 STREET ADDRESS	
2 CITY-ST-ZIP		2 CITY-ST-ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY-ST-ZIP		3 CITY-ST-ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is accurately transcribed 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 1 or Block 14 if changed, or on an attached amendment, with an address.

SIGNATURE: *Michael Burgess* 4/29/95

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

0414783 FP