

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 12: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083147 (7)

1. Corporation Name

ADVANCED STAFFING CONSULTANTS, INC.

Principal Place of Business

Mailing Address

2499 OLD LAKE MARY ROAD
SUITE 102
SANFORD FL 32771
US

2499 OLD LAKE MARY ROAD
SUITE 102
SANFORD FL 32771
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1993

3b. Date of Last Report

06/15/1994

4. FEI Number

59-3208397

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 190.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 37 Skyline Dr.
Suite, Apt. #, etc.

26 37 Skyline Dr.
Suite, Apt. #, etc.

22 Suite 4301
City & State

27 Suite 4301
City & State

23 Lake Mary, FL
Zip Country

28 Lake Mary, FL
Zip Country

24 32746 25 U.S.A.

29 32746 30 U.S.A.

9. Name and Address of Current Registered Agent

LONG, MARK D
9108 STONEBROOK DRIVE
SANFORD FL 32771

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 (agent or person name of registered agent and how it applies)

(If the Registered Agent is a corporation, the name of the corporation must be stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LONG, MARK D
STREET ADDRESS 9108 STONEBROOK DRIVE
CITY ST ZIP SANFORD FL

TITLE VP
NAME BLAHO, RON A.
STREET ADDRESS 308 MEADOW BOULEVARD
CITY ST ZIP SANFORD FL

TITLE EV
NAME MORGAN, BARRY
STREET ADDRESS 9108 STONEBROOK DR
CITY ST ZIP SANFORD FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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 ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE ☐ Change ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE ☐ Change ☒ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE ☐ Change ☒ Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

Vice-President

Bruce Bumbakugh
190 Hickory Woods Court, #14N
Deltona, FL 32725

Treasurer
Mindel Michelle Righter
793 Creekwater Terr, #211
Lake Mary, FL 32746

Secretary
Mindel Michelle Righter
793 Creekwater Terr, #211
Lake Mary, FL 32746

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 110.051(9)(b), 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 bear the same legal effect and make every effort to appear in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

[Signature] 45 PAGES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/95

407 444 5992