FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # P94000016158 (5)

1. Corporate Name

TEAMSTAFF HOLDING COMPANY, INC.

APPROVED AND FILED

95 MAY -1 AM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1211 N. WESTSHORE BLVD.
SUITE 800
TAMPA FL 33609

Mailing Address

1211 N. WESTSHORE BLVD.
SUITE 800
TAMPA FL 33609

(Do Not Write In This Space)

3. Date Incorporated or Qualified: 03/01/1994

3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

24 25 29 30

4. FEI Number: [X] 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

SCOGGINS, KIRK A
1211 N. WESTSHORE BLVD.
SUITE 800
TAMPA FL 33609

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 Section(s) 607.1005 and 607.1006 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	
91 Title 92 Name 93 Street Address 94 City, St, ZIP	D SCOGGINS, KIRK A 1211 N. WESTSHORE BLVD., SUITE 800 TAMPA FL 33609	91 Title 92 Name 93 Street Address 94 City, St, ZIP	PST [ ] Change [X] Addition
95 Title 96 Name 97 Street Address 98 City, St, ZIP	D CASON, WARREN M 400 N. ASHLEY DR., SUITE 2050 TAMPA FL 33602	95 Title 96 Name 97 Street Address 98 City, St, ZIP	[ ] Change [ ] Addition
99 Title 100 Name 101 Street Address 102 City, St, ZIP		99 Title 100 Name 101 Street Address 102 City, St, ZIP	[ ] Change [ ] Addition
103 Title 104 Name 105 Street Address 106 City, St, ZIP		103 Title 104 Name 105 Street Address 106 City, St, ZIP	[ ] Change [ ] Addition
107 Title 108 Name 109 Street Address 110 City, St, ZIP		107 Title 108 Name 109 Street Address 110 City, St, ZIP	[ ] Change [ ] Addition
111 Title 112 Name 113 Street Address 114 City, St, ZIP		111 Title 112 Name 113 Street Address 114 City, St, ZIP	[ ] Change [ ] Addition

14. I (We) 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 in connection with or on an attachment with an address.

SIGNATURE: [signature] 4/28/95 813-289-1981

Name and Title of Individual Signing (If Signing Officer or Director) Date Telephone Number

0202837 CP