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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P94000016158 (5)

1. Corporation Name
TEAMSTAFF HOLDING COMPANY, INC.

Principal Place of Business
1211 N. WESTSHORE BLVD.
SUITE 800
TAMPA FL 33609

Mailing Address
1211 N. WESTSHORE BLVD.
SUITE 800
TAMPA FL 33607-4619

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report: 06/17/1996

2. Principal Place of Business
21 1211 N. Westshore Blvd.
Suite, Apt. #, etc.
22 Suite 800
City & State
23 Tampa, Florida
24 Zip 33607
25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip
30 Country

4. FEI Number: 59-3236075 ☐ 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 33607

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	PST	☐ DELETE
NAME	SCOGGINS, KIRK A	
STREET ADDRESS	1211 N. WESTSHORE BLVD., SUITE 800	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	CASON, WARREN M	
STREET ADDRESS	400 N. ASHLEY DR., SUITE 2050	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PSTD	☒ Change ☒ Addition
1.2 NAME	SCOGGINS, KIRK A.	
1.3 STREET ADDRESS	1211 N. WESTSHORE BLVD. SUITE 800	
1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33607	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	CASON, WARREN M.	
2.3 STREET ADDRESS	400 N. ASHLEY DR. SUITE 2300	
2.4 CITY-ST-ZIP	TAMPA, FLORIDA 33602	
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		

CR2E034 (9/96)

14. I do 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: [signature] 3-11-97

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