FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

3-1-95 B-5100

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030518 (2)

1. Corporation Name
POWERSTAFF CORPORATION

Principal Place of Business
~~5824 S SEMORAN BLVD~~
ORLANDO FL 32822

Mailing Address
~~5824 S SEMORAN BLVD~~
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1994
3a. Date of Last Report:

2. Principal Place of Business
21 5840 B SOUTH SEMORAN BLVD.
Suite, Apt. #, etc. 22
City & State 23 ORLANDO, FL
Zip 24 32822 Country 25

2a. Mailing Address
26 5840 B. SOUTH SEMORAN BLVD.
Suite, Apt. #, etc. 27
City & State 28 ORLANDO, FL
Zip 29 32822 Country 30

4. FEI Number: 59-3248167 ☐ 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
~~WEATHERLY, KENNETH L~~
~~5824 S SEMORAN BLVD~~
~~ORLANDO FL 32822~~

10. Name and Address of New Registered Agent
81 Name: Julia K Jones
82 Street Address (P.O. Box Number is Not Acceptable): 5840B S Semoran Blvd
83
84 City: Orlando FL 85 Zip Code: 32822

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] 2/10/95
Signature, Registered Agent ... DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	MARC J FRATELLO
STREET ADDRESS	400 N Ashley DR. Suite 1910
CITY ST ZIP	TAMPA, FLORIDA 33602
TITLE	SECRETARY/TREASURER
NAME	ROY CRIPPEN
STREET ADDRESS	400 N. Ashley DR. Suite 1910
CITY ST ZIP	TAMPA, FLORIDA 33602
TITLE	Vice President
NAME	HAROLD Ross
STREET ADDRESS	400 N. Ashley DR., Suite 1910
CITY ST ZIP	TAMPA, FLORIDA 33602
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

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
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		

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 the 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] 3/21/95 813-226-2378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0082731 CP