

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000030518 (2)

1. Corporation Name

POWERSTAFF CORPORATION



Principal Place of Business

Mailing Address

5840 B SOUTH SEMORAN BLVD.
ORLANDO FL 32822
US

5840 B SOUTH SEMORAN BLVD.
ORLANDO FL 32822
US

2. Principal Place of Business

2a. Mailing Address

21 5840 SOUTH SEMORAN BLVD

26 5840 SOUTH SEMORAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ORLANDO, FLORIDA

28 ORLANDO, FLORIDA

Zip

Country

Zip

Country

24 32822

25

29 32822

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3248167

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

FISKE, NEAL E

82 Street Address (P.O. Box Number is Not Acceptable)

5840 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

NEAL E. FISKE

(The Officer/Registered Agent signature is required when registering.)

4/10/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FRATELLO, MARC J	
STREET ADDRESS	400 N. ASHLEY DRIVE, STE. 1910	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CRIPPEN, ROY	
STREET ADDRESS	400 N. ASHLEY DR., STE. 1910	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROSS, HAROLD	
STREET ADDRESS	400 N. ASHLEY DR., SUITE 1910	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROSS, HAROLD	
1.3 STREET ADDRESS	400 N. ASHLEY DR, STE. 2700	
1.4 CITY-ST-ZIP	TAMPA, FL 33602	
2.1 TITLE	CIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CRIPPEN, ROY	
2.3 STREET ADDRESS	400 N. ASHLEY DR, STE. 2700	
2.4 CITY-ST-ZIP	TAMPA, FL 33602	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FISKE, NEAL E.	
3.3 STREET ADDRESS	5840 S. SEMORAN BLVD.	
3.4 CITY-ST-ZIP	ORLANDO, FL 32822	
4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRATELLO, MARC J	
4.3 STREET ADDRESS	400 N. ASHLEY DR, STE. 2700	
4.4 CITY-ST-ZIP	TAMPA, FL 33602	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEAL E. FISKE

4/10/96

DATE

(407) 382-5801

Daytime Phone #

CR2E034 (12/95)