FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000033478 (6)**

1. Corporation Name
FLORIDA TEMPORARY STAFFING INC

Principal Place of Business
103-B ANASTASIA BLVD.
ST. AUGUSTINE FL 32084

Mailing Address
103-B ANASTASIA BLVD.
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21 93-B Orange Street
Suite, Apt. #, etc.
22
City & State
23 St. Augustine, Fl
Zip 24 32084 Country 25 USA

2a. Mailing Address
26 P. O. Box 4077
Suite, Apt. #, etc.
27
City & State
28 St. Augustine, Fl
Zip 29 32085 Country 30 USA

4. FEI Number: 59-3242262 — 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
HALL, CHARLES E
103-B ANASTASIA BLVD.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent
81 Name: Charles E. Hall
82 Street Address (P.O. Box Number is Not Acceptable): 93-B Orange Street
83
84 City: St. Augustine FL 85 Zip Code: 32084

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: Charles E. Hall — 4/27/95 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	HALL, CHARLES E	1.2 NAME	
STREET ADDRESS	3770 LAUREL STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL 32095	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	HALL, LAURELLE A	2.2 NAME	
STREET ADDRESS	3770 LAUREL STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL 32095	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 [illegible] with an address.

SIGNATURE: Charles E. Hall-President — 4/27/95 Date — 904-829-6533 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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