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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000036687 (9)

THERASTAFF, INC.

FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 773 CREEIGHTON RD. 773 CREEIGHTON RD. **ORANGE PARK FL 32073 ORANGE PARK FL 32073** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/11/1994 2. Principal Place of Business Mailing Address 4. FEI Number Applied For P.O. BOX 24652 2789 Carlow Ct 26 59-3245624 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be JAL 23 THY Trust Fund Contribution 28 Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible 39993 Duval 3224 Bural Yes 25 29 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DAILEY, PENELOPE F 81 Name 773 CREIGHTON RD. 82 Street Address (P.O. Box Number is Not Acceptable) ORANGE PARK FL 32073 83 84 City Zip Code 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. Penelope **SIGNATURE** and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition DAILY, DAVID M NAME 1.2 NAME 773 CREIGHTOR RD. STREET ADDRESS 1.3 STREET ADDRESS **ORANGE PARKE FL 32073** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition DAILY, PENNY F NAME 2.2 NAME 773 CREIGHTÓN RD STREET ADDRESS 2.3 STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITL F 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY+ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 changes. On an attachment with an address

IONATURE. Kendy April 2000

1/10/08

2E034 (10/97)