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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:27

DOCUMENT # **P94000051081 (5)**

1. Corporation Name
MAGNOLIA STAFFING, INC.

Principal Place of Business	Mailing Address
1095 SHOTGUN ROAD SUNRISE FL 33326	1095 SHOTGUN ROAD SUNRISE FL 33326

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0506115 ☐ 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

NUGENT, BRIAN M
106 E. COLLEGE AVE.
SUITE 1200
TALLAHASSEE FL 32301

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

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when name is listed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	HERMANNS, RICHARD F	12 NAME	JOHN T. BOURN
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	13 STREET ADDRESS	1095 Shotgun Road
CITY-ST-ZIP	SUNRISE FL 33326	14 CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	D	21 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	WILLOCKS, JAMES S	22 NAME	JOHN E. BOURN
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	23 STREET ADDRESS	1095 Shotgun Road
CITY-ST-ZIP	SUNRISE FL 33326	24 CITY-ST-ZIP	Sunrise, FL 33326
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ESCARZAGA, WALTER	32 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SOSCIA, LOUIS E	42 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MCANNAR, DANIEL B	52 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MCNAMARA, MICHAEL J	62 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326	64 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)(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: _____ RICHARD F HERMANNS 1/9/95 3054243853
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (TITLE OR DIRECTOR) (Area Code & Daytime Phone Number)

0234802 CP