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 AM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000066157 (6)**

1. Corporate Name
TEMPORARIES PLUS, INC.

Principal Place of Business
401 W. CENTRAL BLVD
ORLANDO FL 32801

Mailing Address
401 W. CENTRAL BLVD
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite Apt. # — 22
City & State — 23
Zip — 24 County — 25

2a. Mailing Address — 26
Suite Apt. # — 27
City & State — 28
Zip — 29 County — 30

4. FEI Number: 59-3272325
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 taken, or intends to take under S. 199.032 Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JORDAN, EDWARD P II
111 N. ORANGE AVENUE
SUITE 1800
ORLANDO FL 32801

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 Section 607.0505 and 607.1008, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Registered Agent Signature (required if a change is made in the registered agent) — DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: KNEPPER, JAMES A
STREET ADDRESS: 401 W. CENTRAL BLVD.
CITY, ST, ZIP: ORLANDO FL 32801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve the same purpose as if made under oath that I am a director or officer 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 hereof with an asterisk.

SIGNATURE: 4/6/95 (407) 423-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0083718 CP