

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:20

DOCUMENT # P94000073470 (4)

1. Corporation Name

SPECIALTY EMPLOYEE LEASING, INC.

Principal Place of Business

500 NE 8TH AVE
OCALA FL 34470

Mailing Address

500 NE 8TH AVE
OCALA FL 34470

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/29/1994

3a. Date of Last Report

2. Principal Place of Business

21 4908 NW 34th St

2a. Mailing Address

26 PO BOX 4026

4. FEI Number

59-3274831

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 1

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

City & State

23 Gainesville FL

City & State

28 Gainesville FL

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

Zip

24 32605

Country

25 US

Zip

29 32613

Country

30 US

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

AMATEA, FRANK C
500 NE 8TH AVE
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name
Michael Edge
82 Street Address (P.O. Box Number if Not Acceptable)
4908 NW 34th Avenue
83 Suite 1
84 City
Gainesville FL
85 Zip Code
32605

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

Michael L Edge

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	Michael Edge
STREET ADDRESS	4908 NW 34th St Suite 1
CITY - ST - ZIP	Gainesville, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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)(b), 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 incorporator or person 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:

Michael L Edge

1-16-95