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 MAR 28 PM 1:52

DOCUMENT # **P94000075259 (9)**

1. Corporation Name

SPRINT STAFFING OF MASSACHUSETTS, INC.

Principal Place of Business	Mailing Address
5444 BAY CENTER DRIVE SUITE 200 TAMPA FL	P.O. BOX 10385 TAMPA FL 33679-0385

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1994
3a. Date of Last Report:

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

4. FEI Number: 59 3271880 ☐ 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

GIORDANO, JOHN N
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

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 signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / DIRECTOR	11 TITLE	☐ Change ☐ Addition
NAME	~~KERI KOLINE~~	12 NAME	VERNON C. VOKUS
STREET ADDRESS	1817 PRINSTON LAKE DR. # 812	13 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	14 CITY-ST-ZIP	
TITLE	VP / DIRECTOR	21 TITLE	☒ Change ☐ Addition
NAME	ROBIN C. HOOVER	22 NAME	
STREET ADDRESS	~~4818 GREENWOOD VILL DR~~	23 STREET ADDRESS	616 TROPICAL BREEZE WAY
CITY-ST-ZIP	~~TAMPA FL~~	24 CITY-ST-ZIP	TAMPA FL 33602-5905
TITLE	SECRETARY / DIRECTOR	31 TITLE	☐ Change ☐ Addition
NAME	~~FERRIS L. ROUSSEAU~~	32 NAME	Dick Accocella
STREET ADDRESS	~~9999 BAY AREA BLVD STE 240~~	33 STREET ADDRESS	8764 Ashworth Dr.
CITY-ST-ZIP	~~TAMPA FL 33609-5427~~	34 CITY-ST-ZIP	Tampa, Fl 33647
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: _____ 2/7/95 813/246-2860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444340 FP