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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000081389 (6)**

1. Corporation Name
TEAMSTAFF II, INC.



Principal Place of Business

**TEAMSTAFF BUILDING 8TH FLOOR
1211 N. WESTSHORE BLVD.
TAMPA FL 33607**

Mailing Address

**TEAMSTAFF BUILDING 8TH FLOOR
1211 N. WESTSHORE BLVD.
TAMPA FL 33607-4600**

3. Date Incorporated or Qualified
11/07/1994

3a. Date of Last Report
07/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-3277121

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

**SCOGGINS, KIRK
TEAMSTAFF BUILDING 8TH FLOOR
1211 N. WESTSHORE BLVD.
TAMPA FL 33607**

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

(Signature of officer or director of corporation and if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

PC
NAME **SCOGGINS, KIRK**
STREET ADDRESS **1211 N. WESTSHORE BLVD., 8TH FLOOR**
CITY- ST- ZIP **TAMPA FL 33607**

☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PCDS** ☒ Change ☐ Addition
1.2 NAME **Scoggins, Kirk A.**
1.3 STREET ADDRESS **1211 N. WESTSHORE BLVD. 8TH FLOOR**
1.4 CITY- ST- ZIP **TAMPA, FLORIDA 33607**

2.1 TITLE **TV** ☐ Change ☒ Addition
2.2 NAME **KOCH, TERRY M.**
2.3 STREET ADDRESS **1211 N. WESTSHORE BLVD. 8TH FLOOR**
2.4 CITY- ST- ZIP **TAMPA, FL 33607**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby 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 (changed or on an attachment) with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-97

Date Daytime Phone #

CR2E034 (9/96)