

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90077 030 \*\*\*150.00

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DOCUMENT # **P94000081391**

1. Corporation Name  
**TEAMSTAFF III, 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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/07/1994**

4. FEI Number

**59-3277124**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE **SDV** ☒ DELETE  
NAME **MILLS, STEVE**  
STREET ADDRESS **100- HORATIO AVE., STE. 110**  
CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☒ DELETE  
NAME **TROY FOWLER**  
STREET ADDRESS **1902 WYKAGYL**  
CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☒ DELETE  
NAME **LAVIGNE, EATON**  
STREET ADDRESS **504 RUNNING HORSE**  
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE **V** ☒ DELETE  
NAME **ROB BYERS**  
STREET ADDRESS **107 S. WOODLYNNE**  
CITY-ST-ZIP **TAMPA FL**

TITLE **TV** ☒ DELETE  
NAME **KOCH, TERRY M.**  
STREET ADDRESS **13736 CHESTERSALL DR**  
CITY-ST-ZIP **TAMPA FL 33624**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **V T S** ☐ Change ☒ Addition  
2.2 NAME **DONALD T. KELLY**  
2.3 STREET ADDRESS **300 ATRIUM DRIVE**  
2.4 CITY-ST-ZIP **SOMERSET, NJ 08873**

3.1 TITLE **C** ☐ Change ☒ Addition  
3.2 NAME **DONALD W. KAPPAUF**  
3.3 STREET ADDRESS **300 ATRIUM DRIVE**  
3.4 CITY-ST-ZIP **SOMERSET, NJ 08873**

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/99**

Date

**732-748-3202**

Daytime Phone #

CR2E034 (11/98)