

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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000081393 (8)

1. Corporation Name
TEAMSTAFF IV, INC.

Principal Place of Business 1211 N. WESTSHORE BLVD., 8TH FLOOR TEAMSTAFF BUILDING TAMPA FL 33607	Mailing Address 1211 N. WESTSHORE BLVD., 8TH FLOOR TEAMSTAFF BUILDING TAMPA FL 33607
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1994	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3277126	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country	
25 Country		29 Country		30 Country	

9. Name and Address of Current Registered Agent SCOGGINS, KIRK 1211 N. WESTSHORE BLVD., 8TH FLOOR TEAMSTAFF BUILDING 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	
85 Zip Code		FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	1.1 TITLE	
NAME	SCOGGINS, KIRK	1.2 NAME	
STREET ADDRESS	1211 N. WESTSHORE BLVD., 8TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	DVS
NAME	MILLS, STEVE	2.2 NAME	Mills Steve
STREET ADDRESS	1000 HORATION AVE., STE. 110	2.3 STREET ADDRESS	1000 Horatio Ave., Ste 110
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, Florida
TITLE	V	3.1 TITLE	V
NAME	LINDA RYAN	3.2 NAME	LaVigne, Eaton
STREET ADDRESS	204 3RD ST. W. #408	3.3 STREET ADDRESS	504 Running Horse
CITY-ST-ZIP	BRADETON FL	3.4 CITY-ST-ZIP	Seffner, Florida 33584
TITLE	V	4.1 TITLE	TV
NAME	RYAN-SHOEMAKER, LINDA	4.2 NAME	Koch, Terry M
STREET ADDRESS	1403 12TH SO. DR. WEST	4.3 STREET ADDRESS	13736 Chestersall Dr.
CITY-ST-ZIP	PALMETTO FL 34221	4.4 CITY-ST-ZIP	Tampa, Florida 33624
TITLE	V	5.1 TITLE	
NAME	TROY FOWLER	5.2 NAME	
STREET ADDRESS	1802 WYKAGYL	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	ROB BYERS	6.2 NAME	
STREET ADDRESS	107 S. WOODLYNNE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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

SIGNATURE:



TERRY M KOCH

2/10/98

813-2891981

CR2E034 (10/97)