PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000081393

TEAMSTAFF IV, INC.

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

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

03-03-1999 90077 032 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/07/1994 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3277126 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5 Certificate of Status Desired . E Fee Required -22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip This corporation owes the current year Intangible Zip □No ☐ Yes 30 Personal Property Tax. 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SCOGGINS, KIRK Street Address (P.O. Box Number is Not Acceptable) 82 1211 N. WESTSHORE BLVD., 8TH FLOOR TEAMSTAFF BUILDING 83 **TAMPA FL 33607** Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change ☐ DELETE 1.1 TITLE TITLE Р 1.2 NAME SCOGGINS, KIRK NAME 1211 N. WESTSHORE BLVD., 8TH FLOOR 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33607 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2,1 TITLE TITLE v T.S 2.2 NAME MILLS, STEVE NAME DONALD T. KELLY 1000 HORATION AVE., STE. 110 2.3 STREET ADDRESS STREET ADDRESS 300 ATRIUM DRIVE TAMPA FL 2 4 CiTY-ST-ZIP SOMERSET, NJ 08873 CITY-ST-ZIP Addition DELETE ☐ Change 3,1 TITLE TITLE 32 NAME DONALD W. KAPPAUF LAVIGNE, EATON NAME **504 RUNNING HORSE** 3.3 STREET ADDRESS STREET ADDRESS 300 ATRIUM DRIVE SEFFNER FL 33584 3.4. CITY-ST-ZIP SOMERSET, NJ 08873 CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE KOCH, TERRY M 4. 2 NAME NAMÉ 13736 CHESTERSALL DR 4.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33624 4.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME TROY FOWLER 1902 WYKAGYL 5.3 STREET ADDRESS STREET ADDRESS TAMPA FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition ☐ Change 6.1 TITLE TITLE **ROB BYERS** 6.2 NAME NAME 6.3 STREET ADDRESS 107 S. WOODLYNNE STREET ADDRESS

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 suppliemental 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.

6.4 CITY-ST-ZIP

PLEURE BEINGRED

CR2E034 (11/98)