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Feb 11 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 # P95000012462 (4)

1. Corporation Name
STAFFING 2000 INC.



Principal Place of Business
217 1/2 MAIN ST
AUBURNDAL FL 33823

Mailing Address
217 1/2 MAIN ST
AUBURNDAL FL 33823-3403

3. Date Incorporated or Qualified 02/13/1995
3a. Date of Last Report 03/28/1996

2. Principal Place of Business

21 212 First St S.E.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number
74-2736773

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

Winter Haven, FL

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip

33883

Country

Palk

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TIFFANY, SHIRLEY
110 RAIN TREE CT
AUBURNDAL FL 33823

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

212 First St. S.E.

83

84 City Winter Haven, FL

FL

85 Zip Code 33883

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 Shirley Tiffany

PRES-

2/1/97

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME TIFFANY, SHIRLEY
STREET ADDRESS 217 1/2 MAIN ST 110 RAINBOW CT
CITY-ST-ZIP AUBURNDAL FL 33823

TITLE ST ☐ DELETE
NAME TIFFANY, SHIRLEY
STREET ADDRESS 217 1/2 MAIN ST 110 RAINBOW CT
CITY-ST-ZIP AUBURNDAL FL 33823

TITLE VP ☐ DELETE
NAME TIFFANY, SHIRLEY
STREET ADDRESS 217 1/2 MAIN ST 110 RAINBOW CT
CITY-ST-ZIP AUBURNDAL FL 33823

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 212 1st St - S.E.
1.4 CITY-ST-ZIP Winter Haven, FL 33883

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS Same as above
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS Same as above -
3.4 CITY-ST-ZIP

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 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 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Shirley Tiffany 2/1/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)