

FILE NOW: FILING FEE AFTER MAY 1st \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000019504 (6)**

1. Corporation Name

CONFEDERATED STAFFING, INC.



Principal Place of Business

Mailing Address

**16559 VILLAGE GREEN DR N
JACKSONVILLE FL 32234**

**16559 VILLAGE GREEN DR N
JACKSONVILLE FL 32234**

2. Principal Place of Business

2a. Mailing Address

21 **8777 SAN JOSE BLVD**

26 **8777 SAN JOSE BLVD**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

BUILDING C SUITE 402

BUILDING C SUITE 402

23 City & State

28 City & State

JACKSONVILLE FL

JACKSONVILLE FL

24 Zip

Country

29 Zip

Country

32234

25

32217

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/08/1995

3a. Date of Last Report

4. FEI Number

59-3299022

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

10. Name and Address of New Registered Agent

**GHOURLY, JIMMIE W
16559 VILLAGE GREEN DR N
JACKSONVILLE FL 32234**

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 607.0507, Florida Statutes.

SIGNATURE

Jimmie W. Ghourley

Jimmie W. Ghourley President

1/2/96

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 ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

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

**S/T
STEPHEN L. PHILLIPS
2044 DUNAVISTA COURT
ATLANTIC BEACH FL 32233**

**PRESIDENT
Jimmie W. Ghourley
16559 VILLAGE GREEN DR N
JACKSONVILLE, FL 32234**

\$ Deposited by Bank

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jimmie W. Ghourley

Jimmie W. Ghourley President

*1/2/96 904
731-1080*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

PS 3/18/96