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Apr 01 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 # P95000019504 (6)

1. Corporation Name
CONFEDERATED STAFFING, INC.



Principal Place of Business

8777 SAN JOSE BLVD
BUILDING C SUITE 402
JACKSONVILLE FL 32217
US

Mailing Address

8777 SAN JOSE BLVD
BUILDING C SUITE 402
JACKSONVILLE FL 32217-4283
US

3. Date Incorporated or Qualified
03/08/1995

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

GHOURLY, JIMMIE W
18559 VILLAGE GREEN DR N
JACKSONVILLE FL 32234

10. Name and Address of New Registered Agent

81 Name GHourley Jimmie W.
82 Street Address (P.O. Box Number is Not Acceptable)
11433 SEDGEMOORE DR E
83 Jacksonville, FL
84 City FL 85 Zip Code 32217

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

Jimmie W. Ghourley

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	NAME	PHILLIPS, STEPHEN L	2044 DUNAVISTA COURT	ATLANTIC BEACH FL 32233	<input checked="" type="checkbox"/> DELETE
TITLE	P	NAME	HOURLY, JIMMIE W	18559 VILLAGE GREEN DRIVE	JACKSONVILLE FL 32234	<input type="checkbox"/> DELETE
TITLE		NAME				<input type="checkbox"/> DELETE
TITLE		NAME				<input type="checkbox"/> DELETE
TITLE		NAME				<input type="checkbox"/> DELETE
TITLE		NAME				<input type="checkbox"/> DELETE
TITLE		NAME				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P/S/T GHourley, Jimmie W.
2.3 STREET ADDRESS	11433 SEDGEMOORE DR E
2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32217
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jimmie W. Ghourley Jimmie W. Ghourley 7/6/97 9047311080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)