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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000079521 (7) **DOCUMENT #**

NATIONS STAFFING, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 11701 S. BELCHER ROAD. SUITE 118 11701 S. BELCHER ROAD, SUITE 116 **LARGO FL 33773 LARGO FL 33773** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0613511 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 25 ☐ Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name STROYAN, DAVID M B 14789 SEMINOLE TRAIL Street Address (P.O. Box Number is Not Acceptable) SEMINOLE FL 33776 84 City 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 607.0505. Florida Statutes. SIGNATURE Signatura, typod or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE Change Addition TITLE 1.1 TITLE NAME STROYAN, DAVID B 1.2 NAME 14789 SEMINOLE TRAIL STREET ADDRESS 1.3 STREET ADDRESS SEMINOLE FL 33776 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE VPST Change **X** Addition 21 TITLE NAME PARRY, EDWARD H 22 NAME LaBonte, Leo L. 12096 - 84th Are. N. STREET ADDRESS 2325 ULMERTON RD., SUITE 20 2.3 STREET ADDRESS CLEARWATER FL 34822 CITY - ST - ZIP 2. 4 CITY-ST-ZIP Seminole, FL. 33772 DELETE Addition Change TITLE 3.1 TITLE BULLARD, FRED JR NAME 3.2 NAME 2325 ULMERTON RD., SUITE 20 STREET ADDRESS 3.3 STREET ADDRESS **CLEARWATER FL 34622** CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE Change Addition 4.1 TITLE NAME MCNEEL, VAN L 4.2 NAME 5401 W. KENNEDY BLVD., #751 STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL 33609 CITY ST-ZIP 4.4 CITY - ST- ZIP Girard Chari W 11212 Pocket Brook Dr. DELETE Change TITLE 5.1 TITLE Addition ASKEW, MICHAEL D NAME 5.2 NAME 13902 N. DALE MABRY, STE 120 STREET ADDRESS 5.3 STREET ADDRESS **TAMPA FL 33618** Tampa, FL 33635 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 62 NAME STREET ADDRESS 63 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 of the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an earliers.

SIGNATURE:

(813)523-8100 4-23-98