

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

FILED
Feb 24 1998 8:00am
Secretary of State

DOCUMENT # P95000088405 (2)

1. Corporation Name
STAFF OF LIFE, INC.

Principal Place of Business

123 N. PARTIN DR.
NICEVILLE FL 32578
US

Mailing Address

123 N. PARTIN DR.
NICEVILLE FL 32578
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1995

4. FEI Number

59-3344116

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

Belinda C McMillan

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

123 N. Partin Dr

83

84 City

Niceville

FL

85 Zip Code

32578

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: Belinda C. McMillan

2-16-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVC ☒ DELETE

NAME KIRCH, RAYMOND S
STREET ADDRESS 301 VIRGINIA AVE
CITY-ST-ZIP VALPARAISO FL

TITLE ST ☒ DELETE

NAME KIRCH, DORIS E
STREET ADDRESS 301 VIRGINIA AVE
CITY-ST-ZIP VALPARAISO FL

TITLE V ☐ DELETE

NAME FAILS, BELINDA C.
STREET ADDRESS 5838 US HWY 90W
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE DC ☐ DELETE

NAME CECIL, JOHN H.
STREET ADDRESS 5838 US HWY 90W
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE D ☐ DELETE

NAME CECIL, SANDRA L.
STREET ADDRESS 5838 US HWY 90W
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME JOHN H. CECIL
1.3 STREET ADDRESS 5836 HWY 90 W.

1.4 CITY-ST-ZIP DEFUNIAK SPGS FL 32433

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME SANDRA L. CECIL
2.3 STREET ADDRESS 5836 HWY 90 W.

2.4 CITY-ST-ZIP DEFUNIAK SPGS FL 32433

3.1 TITLE VP ☐ Change ☐ Addition

3.2 NAME BELINDA C. McMILLAN
3.3 STREET ADDRESS 5838 HWY 90 W.

3.4 CITY-ST-ZIP DEFUNIAK SPGS FL 32433

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 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: Sandra L Cecil

Feb 18, 1998

CR2E034 (10/97)