

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90042 045 \*\*\*150.00

DOCUMENT # P95000088405

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 ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCMILLAN, BELINDA C  
123 N PATTON DR  
NICEVILLE FL 32578

81 Name

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

123 N. PARTIN DR.

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME CECIL, JOHN H  
STREET ADDRESS 5836 HYW 90 W  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME CECIL, SANDRA L  
STREET ADDRESS 5836 HWY 90 W  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

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

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME MCMILLAN, BELINDA C.  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DC ☐ DELETE  
NAME CECIL, JOHN H.  
STREET ADDRESS 5836 US HWY 90W  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CECIL, SANDRA L.  
STREET ADDRESS 5836 US HWY 90W  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME MCMILLAN, BELINDA C  
STREET ADDRESS 5838 HWY 90 W  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

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, with all other like empowered.

SIGNATURE:

Sandra L. Cecil  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 25, 1999 - 850-892-3081  
Date Daytime Phone #

CR2E034 (11/98)

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