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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

officer or director of the cor Block 12 or Block 13 if char



FLORIDA DEPARTMÊNT ÓF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Jun 26 1998 8:00am

Secretary of State

DOCUMENT # P96000013456 (4)

EXECUTIVE STAFF LEASING, INC.

110 E HILLCREST 8T 110 E HILLCREST ST ORLANDO FL 32801 ORLANDO FL 32001 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3362036 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 29 Yes 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRAHAM, DAVID W 110 E HILLCREST ST 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature itypied or profess name of requirement a plant and other applicable. (NOTE Bog steed Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 🔲 DELETE TITLE Change 1.1 TITLE ___ Addition CASH, SIDNEY G NAME 1.2 NAME 110 E HILLCREST ST STREET ADDRESS 1.3 SUBGLI ADDRESS **ORL**ANDO FL CITY-ST-7IP 14 CITY-ST-7IP DELETE TITLE 211001 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE TITLE 4.1 1111.1 Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELLTE TITLE 5.1 THLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 6.2 NAME -06/20/08--01022-STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 supplicate that a modern certify 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

***150.00

407- 843-1181