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FILED

Apr 16 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 # P96000015270 (7)

1. Corporation Name

PRIORITY STAFFING, INC.



Principal Place of Business  
12008 MARBLEHEAD DR.  
TAMPA FL 33626

Mailing Address  
12008 MARBLEHEAD DR.  
TAMPA FL 33626-2502

3. Date Incorporated or Qualified

02/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1408 N. WESTSHORE DR.

26

4. FEI Number

59-3365206

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 802

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 TAMPA

FL

28 City & State

24 33622

25 Country

29

Zip

Country

24 33622

25 Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOEN, ROBERT C  
12008 MARBLEHEAD DR.  
TAMPA FL 33626

81 Name

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

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 DPVT  
NAME GOEN, ROBERT C  
STREET ADDRESS 12008 MARBLEHEAD DR.  
CITY-ST-ZIP TAMPA FL 33626

☐ DELETE

1.1 TITLE DVT  
1.2 NAME GOEN, ROBERT C  
1.3 STREET ADDRESS 12008 MARBLEHEAD DR  
1.4 CITY-ST-ZIP TAMPA, FL 33626

☒ Change

☐ Addition

TITLE DS  
NAME ANDERSON, MARIA E  
STREET ADDRESS 12008 MARBLEHEAD DR.  
CITY-ST-ZIP TAMPA FL 33626

☒ DELETE

2.1 TITLE DP  
2.2 NAME CARL H. BASS  
2.3 STREET ADDRESS 8639 N. Himes Ave, Unit # 2414  
2.4 CITY-ST-ZIP TAMPA, FL 33614

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3.1 TITLE DV  
3.2 NAME ROBERT B. BURNS  
3.3 STREET ADDRESS 3206 SHORE VIEW DR  
3.4 CITY-ST-ZIP HIGHLAND VILLAGE, TX 75067

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: Robert C Goen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4-6-97 813-855-4128  
Date Daytime Phone #

CR2E034 (9/96)