Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90098 006 ***150.00

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

DOCUMENT # P96000019598

1. Corporation Name

JOBSITE PERSONNEL, INCORPORATED

Principal Place of Business Mailing Address						1 18844894 HA 19114 BILLI 48111 68			
3074 JOG RD 3074 JOG RD									
LAKE WORTH FL 33467 LAKE WORTH FL 33467						DO NOT WRIT	E IN THIS	SDACE	
US US						Date Incorporated or Qualifed	E IN THIS	SPACE	
1						02/28/1996			ļ
2 Princinal P	lace of Business	2a, Mailing Address				4. FEI Number			pplied For
21 300 Jos Road 26						65-0646657		<u> </u>	lot Applicable
Suite, Apt.	- 10 / 10 0	Suite, Apt. #, etc.					r~1		Additional
22 27						5. Certifcate of Status Desired		Fee R	tequired
City & State City & State						6. Election Campaign Financing	П	\$5.00	May Be
23 Lake Worth FL 28						Trust Fund Contribution	Ш	Added	to Fees
Zip	Country	Zip	Country	,		8. This corporation owes the curre	ent year Inta	ingible	_
24 3346	0/ 25 US	29 3	30		-	Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		1		10. Name and Address of New R	egistered A	Agent	
OCN	NED DODEDT D ID		81	Na	ame				
RENNER, ROBERT B JR 3074 JOG RD				2 Street Address (P.O. Box Number is Not Acceptable)					
LAKE WORTH FL 33467				<u> </u>					
LAN	2 WORTH FL 33407		83						
			84	Cit	ty			85 Zip	Code
				<u></u>			<u>FĻ</u>	1	
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					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
				tegistered Agent signature require			DATE AN	D DIRECT	OBS IN 12
12.	P OFFICERS AND	DELETE	13.		1	ADDITIONS/CHANGES TO OF	ICERS AN	Change	
TITLE	•	C. Detection	1						
NAME	RENNER, ROBERT B 3074 JOG RD		1.2 NAME	- 4 DOF	3500				1
STREET ADDRESS			1.3 STREE		KESS	·			Ì
CITY-ST-ZIP	LAKE WORTH FL 33467			1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
TITLE				· ·					
NAME				2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	LAVE MODEL EL COLOR				ţ		_		(
CITY-ST-ZIP				2.4 CITY-ST-ZIP		* -		Change	Addition
TITLE				3.1 TITLE				□ ouango	
NAME	RENNER, LOIS M		3.2 NAME						
STREET ADDRESS	LAVE MODTH FL 00407			3.3 STREET ADDRESS					
CITY-ST-ZIP			_	3.4. CITY-ST-ZIP				Change	Addition
TITLE				4.1 TITLE				change	Addison
NAME				4. 2 NAME		·			
STREET ADDRESS				4.3 STREET ADDRESS					
C/TY-ST-ZJP				4.4 CITY-ST-ZIP				[] Channa	Addition
TITLE		☐ DELETE	5.1 TITLE					Change	- Modition
NAME	•		5.2 NAME	- 1 P -					
STREET ADDRESS			5.3 STREE		RESS				[
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				F7 6	
TITLE		☐ DELETE	6.1 TITLE		- 1			Change	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ij