


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

FILED

May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P96000019836 (1)</b> <b>PERSONNEL STAFFERS, INC.</b>			
7763 MANASSAS CT EAST JACKSONVILLE FL 32277		7763 MANASSAS CT EAST JACKSONVILLE FL 32277-0629	
2. Principal Place of Business <b>650 Scranton Rd.</b> Suite: Apt. #, etc. <b>STE I</b> City & State <b>Brunswick, GA</b> Zip <b>31520</b> Country <b>USA</b>		2a. Mailing Address <b>Same</b> Suite: Apt. #, etc. City & State Zip Country	
21. <b>7763 MANASSAS CT EAST</b> <b>JACKSONVILLE FL 32277</b>		22. <b>7763 MANASSAS CT EAST</b> <b>JACKSONVILLE FL 32277-0629</b>	
3. <b>03/01/1996</b>		3a. Date of Last Report	
4. FEI Number <b>59-3361072</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Address of Current Registered Agent <b>RAULERSON, LOUISE</b> <b>7763 MANASSAS CT EAST</b> <b>JACKSONVILLE FL 32277</b>		10. Name and Address of New Registered Agent 81 Name <b>Patticia L. Price</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7763 Manassas Ct - E</b> 83 84 City <b>Jacksonville</b> <b>FL</b> 85 Zip Code <b>32277</b>	
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 <b>Patticia L. Price</b> <b>4/10/97</b>			
12. OFFICERS AND DIRECTORS TITLE <b>Raulerson, Louise, Pres</b> <input checked="" type="checkbox"/> DELETE NAME <b>7763 Manassas Ct - East</b> STREET ADDRESS <b>Jacksonville, FL 32277</b> CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>Price, Patticia L</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>President</b> 1.3 STREET ADDRESS <b>650 Scranton Rd I</b> 1.4 CITY - ST - ZIP <b>Brunswick, GA 31520</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			
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: <b>Patticia L. Price, Pres</b> <b>4/10/97</b> <b>912-261-9611</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)